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ABSTRACT

Hearings before the House Subcommittee on Immigration, Citizenship, and International Law are presented regarding the immigration of foreign medical graduates and the new restrictions placed on their entry into this country under the provision of Title IV of the Health Professions Educational Assistance Act of 1976 (Public Law 94-484). Testimony is given by representatives of the Department of State, Department of Health, Education and Welfare, and the Educational Mission for Foreign Medical Graduates. The appendices contain reprints of Public Law 94-484 with amendments enacted August 1, 1977 (P.L. 95-83) relating to foreign medical graduates, and the Immigration and Nationality Act, as amended, with pertinent sections relating to foreign medical graduates. (SPG)

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FOREIGN MEDICAL GRADUATES

HEARING

BEFORE THE

SUBCOMMITTEE ON IMMIGRATION, CITIZENSHIP, AND INTERNATIONAL LAW

OF THE

COMMITTEE ON THE JUDICIARY HOUSE OF REPRESENTATIVES

NINETY-FIFTH CONGRESS

FIRST SESSION

ON

Public Law 94-484

OVERSIGHT ON IMMIGRATION OF FOREIGN MEDICAL GRADUATES

MARCH 24, 1977

Serial No. 37

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EDUCATION & WELFARE
NATIONAL INSTITUTE OF
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FOREIGN MEDICAL GRADUATES

THURSDAY, MARCH 24, 1977

U.S. House of Representatives,
Subcommittee on Immigration,
Citizenship, and International Law
of the Committee on the Judiciary,
Washington, D.C.

The subcommittee met at 9:42, in room 2237, Rayburn House Office Building, Hon. Joshua Eilberg [chairman of the subcommittee] presiding.

Present: Representatives Eilberg, Harris, and Sawyer.

Staff present: Garner J. Cline and Arthur P. Endres, Jr., counsel; Janice A. Zarro, assistant counsel; and Alexander B. Cook, associate counsel.

Mr. **Eilberg**. The subcommittee will come to order.

Today, the subcommittee continues to fulfill its oversight responsibilities by conducting another hearing to review the administration of various provisions of the Immigration and Nationality Act by the Departments of State and HEW.

Last year, Congress enacted the "Health Professions Educational Assistance Act" and one title, title VI, of that law relates directly to the eligibility of foreign medical graduates to enter this country as immigrants and nonimmigrants.

At the outset, I should note that this title was not the product of this Immigration Subcommittee, but instead was the direct result of amendments adopted by the Senate.

However, since the subject matter is within the jurisdiction of this subcommittee, we are extremely interested in insuring that these provisions are properly and expeditiously implemented.

I regret to report that this has not occurred, and my subcommittee is daily besieged with letters and telephone calls raising various questions on the interpretation and intended effect of this law. Some questions stem from the brief and inadequate Senate legislative history on this law; some stem from the misinformation that has been circulated concerning this law; but in my judgment most of the questions arise from the failure of the executive branch to promptly implement the law.

In other words, most of the questions cannot be answered until the executive departments involved, particularly HEW, take affirmative action to "flesh out" the provisions contained in title VI of Public Law 94-484. In fact, there are a number of terms or phrases in that law which require the executive branch to establish qualifying procedures and criteria to regulate the admission of foreign doctors to the United States.

I am disappointed that this has not been done in a timely fashion, I remain hopeful, however, that whatever problem currently exists will be worked out and that reasonable standards and regulations will be promulgated in the near future.

Concerns have also been expressed that the new law will cause a patient care crisis in public hospitals and mental health institutions in our larger cities, especially New York. We intend to explore this issue to determine whether these concerns are justified; and if they are, what administrative or legislative actions can be taken to alleviate the problem.

At the same time, we will also discuss why there has been such a heavy reliance on foreign medical graduates and how the exchange visitor program has been abused over the years by both foreign doctors and the participating institutions in this country.

We are also hopeful that this hearing will assist the members of this subcommittee in their consideration of private immigration bills. There are numerous such bills pending before the subcommittee which would grant immigrant status to individual foreign doctors in rural areas. Therefore, we are anxious to receive data on the geographical distribution or maldistribution of physicians as well as on the availability of graduate medical education positions for both United States and foreign medical graduates.

It is a pleasure this morning to have Mr. Christian A. Chapman, Deputy Assistant Secretary for Educational and Cultural Affairs of the Department of State.

Mr. Chapman, we welcome you. And would you be kind enough to identify your associates at the table?

TESTIMONY OF CHRISTIAN A. CHAPMAN, DEPUTY ASSISTANT SECRETARY FOR EDUCATIONAL AND CULTURAL AFFAIRS, DEPARTMENT OF STATE; ACCOMPANIED BY JULIO J. ARIAS, DIRECTOR, VISA OFFICE; PAUL A. COOK, DIRECTOR, OFFICE OF FACILITATIVE SERVICES; AND GERALD M. BROWN, DEPUTY CHIEF, REGULATIONS AND LEGISLATIVE DIVISION, VISA OFFICE

Mr. CHAPMAN. Thank you very much, Mr. Chairman.

I am accompanied this morning by Dr. Julio J. Arias, Director of our Visa Office, by Mr. Gerald M. Brown, Deputy Chief, Regulations and Legislative Division of the Visa Office, and by Mr. Paul A. Cook, Director of the Office of Facilitative Services in the Bureau of Educational and Cultural Affairs.

Mr. Chairman, we appreciate this opportunity to appear before you to discuss the Department's implementation of title VI of Public Law 94–484 regarding foreign medical graduates—FMG's.

In response to suggestions of your staff, we prepared a rather full historical presentation. In view of its length, Mr. Chairman, you might wish to have it placed in the record and to have me read a summary.

Mr. EILBERG. We appreciate that. And without objection, the full statement of Secretary Chapman will be made part of the record.

[The prepared statement of Mr. Chapman follows:]

STATEMENT OF CHRISTIAN A. CHAPMAN, DEPUTY ASSISTANT SECRETARY, BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS, DEPARTMENT OF STATE

Mr. Chairman and Members of the Subcommittee, my name is Christian A. Chapman. I am Deputy Assistant Secretary of State in the Bureau of Educational and Cultural Affairs. I am accompanied by Mr. Paul A. Cook, Director of the Office of Facilitative Services in the Bureau, and Mr. Gerald M. Brown, Deputy Chief, Regulations and Legislative Division of the Visa Office.

We appreciate this opportunity to appear before you to discuss the activities and future plans of the Department of State in implementing Title VI of Public Law 94–484 (Health Professional Educational Assistance Act of 1976) regarding Foreign Medical Graduates (FMGs) who desire to come to the United States either permanently as immigrants or temporarily as nonimmigrant exchange visitors to pursue their medical education.

Carrying out this and previous laws governing these graduates has always been a complicated matter. It has involved the Departments of HEW, Justice, Labor and State and very deeply, the medical education community which is now represented in this field by the Education Commission for Foreign Medical Graduates (ECFMG). This Commission, in brief summary, is now responsible for examining, sponsoring and counselling these graduates.

I believe that witnesses from HEW and the Commission will follow our appearance. They are better qualified to comment on some of the substantive issues involved. I would like to comment essentially on the operations of the three types of visas under which FMGs have entered this country: The "J" visa (exchange visitor), the Immigrant visa, and the "H" visa (temporary worker or trainee).

EXCHANGE VISITOR PROGRAM[1]

Under the Mutual Educational and Cultural Exchange Act of 1961 (Public Law 87–256, also known as the Fulbright-Hays Act), the Secretary of State is authorized to designate Exchange-Visitor Programs under which foreign nationals may visit the United States temporarily for the purpose of study, teaching, research and training. The designation of an Exchange Visitor Program entitles the sponsoring organization to use the Form DSP–66 (Certificate of Eligibility for Exchange Visitor Status) to bring students, scholars and trainees to the United States on Exchange Visitor ("J") visas.

Currently, there exist some 1,750 Exchange Visitor Programs of which approximately 70 are sponsored by United States Government agencies or international organizations. The remaining 1,680 programs are sponsored by private organizations and institutions. Each year, a total of approximately 50,000 exchange visitors are brought to the United States under these programs; of these, less than 3,000 have been FMGs and the number has been decreasing.

The underlying purpose of these programs is "to increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchanges." If this purpose is to be achieved, the foreign nationals who participate in the programs must return home upon completing their programs. There have, therefore, been restrictions on the length of their stay in the United States and on changes in their visa status.

FMG'S AND THE BRAIN DRAIN

The overall record of visitors returning to their homeland we believe, is good. In fact, less than 3 percent of the total number of exchange visitors over the years have been granted waivers of the two-year foreign residence requirement under Section 212(e) of the Immigration and Nationality Act. Less than 1 percent of United States Government sponsored exchangees have obtained such waivers. On the other hand, we have been concerned by the number of FMGs who have failed to return home.

For the four years prior to the enactment of Public Law 91–225 on April 7, 1970, a total of 181.952 exchange visitors were admitted to the United States. Of these, 5.912 obtained waivers under Section 212(e) of the Immigration and Nationality Act, which roughly constitutes a 3 percent fallout. However, 2,334 waivers of 40 percent of the total were granted to FMGs.

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[1] Copy of regulations at Tab I.

THE ACT OF 1970—PUBLIC LAW 91-225

Up until 1970, FMGs could enter the United States only as immigrants or exchange visitors for internship or residency training. The Act of 1970 (Public Law 91-225) added the use of the "H" visa for this purpose. It removed the two-year foreign residency requirement (except for FMGs who came here under programs financed by the United States Government or by their own governments), and it required the establishment of a list of skills which were in short supply in foreign countries. The law provided that FMGs coming from countries where medical personnel was lacking would have to return home. Ground for waiver of these provisions was enlarged.

While the number of waivers under 212(e) has sharply decreased since 1970, there has been a dramatic increase in the number of exchange visitors who received from the Immigration and Nationality Service permission to change their nonimmigrant "J" visa classification to permanent resident status under Section 245 of the Immigration and Nationality Act. A total of 5,912 waivers for all categories was granted under 212(e) of the INA during the four years (fiscal years 1967-1970) preceding the passage of Public Law 91-225; only 1,646 waivers were granted during the four years (fiscal years 1971-1974) following its enactment. But Section 245 adjustment cases for exchange visitors rose as follows: 851 in fiscal year 1969; 1,114 in fiscal year 1970, 4,346 in fiscal year 1971; 6,080 in fiscal year 1972; 4,548 in fiscal year 1973; and 2,470 in fiscal year 1974.

The majority of the exchange visitors adjusting to permanent resident status from 1971 until 1974 were doctors and nurses. They were able to adjust their status easily for two reasons, namely (1) exchange visitor doctors and nurses were, in the main, privately sponsored, did not fall under skills list and were therefore not subject to the two-year residence requirement because of the new provisions of Public Law 91-225 and (2) doctors and nurses were on the Department of Labor's Schedule "A" which meant, in effect, that they had a blanket labor certification.

Statistical data compiled by the Educational Commission for Foreign Medical Graduates (ECFMG) in November 1975, clearly showed that many FMGs were using the Exchange Visitor Program as a stepping-stone for immigration purposes. The ECFMG statistics indicate that roughly 70 percent of the 9,513 Exchange Visitor FMGs who were under ECFMG sponsorship in 1972 had become permanent residents by 1975. The ECFMG statistical data and action taken by the Department to correct the situation are set forth in an airgram which the Department sent to all Diplomatic Posts on June 1, 1976, a copy of which is appended to this statement (Tab 2). The ECFMG is in the process of updating statistical data for the past year, which should be completed within the next month.

ABUSES AND MISUSES OF PROGRAMS FOR FMG'S

Until the enactment of Public Law 94-484, FMGs were required to meet two basic requirements to be eligible for Exchange Visitor ("J") visas: 1) They had to be placed in AMA-approved training programs and 2) they had to have ECFMG Certification. Such Certification involved passing both the ECFMG examination and an English language test and a review by the ECFMG of the individual's academic credentials.

A review of the Exchange Visitor Programs for FMGs by the Department during the late sixties clearly indicated that numerous abuses and misuses were taking place. At the time, each hospital and medical center had its own Exchange Visitor Program designation. Some 900 institutions were authorized Exchange Visitor Programs for internship and residency training for FMGs.

The major abuses which were found to exist in the late sixties are, as follows:

1. Certain hospitals, which did not have an opening in an AMA-approved program, were placing FMGs in non-approved residency programs.
2. Some hospitals were creating special fellowship training programs to prolong the stay of the FMG's for a year, or two, beyond the time they completed their program objective.
3. With the exception of teaching hospitals, most hospitals were primarily concerned with the "services" which the FMG could render rather than with providing "training" opportunities for the FMGs.
4. The AMA did not withdraw the approval of internship and residency programs where hospitals failed to provide adequate orientation and training opportunities for the FMGs.

5. FMGs would often sign two or three contracts with different institutions, eventually accept the best contract offered, and fail to notify the other institutions which would end up with unfilled vacancies on July 1 when FMG-training programs begin.

6. Husband and wife physicians would engage in what we refer to as the "parley game." The husband would begin training on a J-1 visa while the wife would be documented as a dependent on a J-2 visa. At the end of 4 or 4½ years, the wife would apply in her own right for a J-1 and the husband would request that his visa be changed from J-1 (principal) to J-2 (dependent). As a result, the couple would be able to prolong their stay in the United States for 9 or 10 years instead of the maximum of 5 as set forth in the regulations governing the Exchange Visitor Program.

In an effort to correct these abuses, and after extensive discussions, the Department, in December 1971, entered into an agreement with the Commission on Foreign Medical Graduates wherein the latter agreed to take over the general management, supervision and documentation of FMGs coming to this country to pursue internships, residencies, and other types of training involving a patient care situation. The sponsorship of over 900 individual Exchange Visitor Programs was thus assigned to one organization, the Commission on Foreign Medical Graduates.

[Approximately two years ago the Commission on Foreign Medical Graduates merged with the Educational Council for Foreign Medical Graduates. The resulting organization is known as the Educational Commission for Foreign Medical Graduates, and is responsible for sponsoring, counseling and testing FMGs.]

A copy of the memorandum of understanding between the Department and the Commission on Foreign Medical Graduates, a historical review of events leading up to the formation of the CFMG, and a special Departmental Notice of December 27, 1971 implementing the new system are attached to this statement. (Tab 3)

Having given you a somewhat lengthy historical overview of past problems encountered with training programs for exchange visitor physicians, and measures which were taken to reduce, if not eliminate, the cause of the problems, I will now focus my remarks specifically on Title VI of Public Law 94-484.

THE ACT OF 1976—PUBLIC LAW 94-484

In Public Law 94-484, Congress declared that "the availability of high quality health care to all Americans is a national goal" and that "there is no longer an insufficient number of physicians and surgeons in the United States so that there is no further need for affording preference to Alien physicians and surgeons in admission to the United States under the Immigration and Nationality Act"

In defining the legal framework under which FMGs may come to the United States as Exchange Visitors to receive graduate medical education or training, Public Law 94-484 established four requirements:

1. An accredited school of medicine or other body acceptable to the Commissioner of Education must agree in writing to provide the graduate medical education or training or to assume the responsibility for arranging for the provision thereof elsewhere.

2. FMGs must pass Part I and II of the National Board of Medical Examiners Examination (or an equivalent examination as determined by the Secretary of Health, Education and Welfare). FMGs must also be competent in oral and written English and able to adapt to the educational and cultural environment in which the training will be offered.

3. The FMG must make a commitment to return home, and the FMG's government must provide written assurance satisfactory to the Secretary of the Department of Health, Education, and Welfare that the FMG will be appointed to a position upon returning home in which acquired skills will be fully utilized.

4. The duration of an FMG's training program is limited to two years except that the duration can be extended for one year if the FMG's government provides written assurance, satisfactory to the Secretary of DHEW, that the additional training is needed to qualify the FMG for a position to which he or she will be appointed upon returning home.

The primary responsibility for developing guidelines and criteria to be followed in carrying out the above provisions rests with the Department of Health, Education, and Welfare. The next witness to testify before this Subcommittee will be a representative of HEW. I will, therefore, only make the following two observations. We anticipate that many governments will not be able to give written assurances that the FMG will be appointed to a specific position upon returning home. We also anticipate that certain specialized programs, such as neurosurgery, will require more than a maximum three-year training period.

Until an equivalent examination to Parts I and II of the National Boards is available (and we understand that it will not be offered until September), the only way in which an FMG can be admitted for graduate medical education or training is under the "substantial disruption provision" of Public Law 94–484.

"SUBSTANTIAL DISRUPTION" PROVISION OF PUBLIC LAW 94–484

The law stipulates that the four new requirements can be waived "if there would be a substantial disruption in the health services" because the FMG was not permitted to enter the United States under an Exchange Program.

Realizing that no FMG would be permitted to enter the United States as an exchange visitor for graduate medical education or training between January 10, 1977 and such time as an equivalent examination to Parts I and II could be developed, the State Department convened a meeting in mid-December for the primary purpose of developing the ground rules under which the "substantial disruption" clause would be administered. HEW was requested to submit its views on this issue.

On January 10, former Secretary of HEW Mathews advised the Secretary of State and the Attorney General that implementation of the requirements of Public Law 94–484 could result in a 15 to 20 percent reduction in the total number of FMGs available for training in U.S. hospitals between January 10, 1977, and such time as an equivalent exam could be offered. HEW considered that a reduction of this magnitude would constitute a substantial disruption to health service delivery during the coming year. In order to support adequate levels of service during this period. HEW recommended that blanket "substantial disruption" waivers be granted between now and June 30, 1978 provided that, in accordance with Public Law 94–484, the total number of exchange visitor FMGs in existing programs does not exceed the total number of such FMGs as of January 10, 1977, the effective date of the Act.

Representatives of the Departments of State, Justice, and Health, Education and Welfare and officials of the ECFMG met on January 21 and agreed to accept HEW's blanket waiver proposal. The ECFMG, which has a computerized data bank on Exchange Visitor FMGs, agreed to monitor the numerical limitations provision.

Senator Jacob K. Javits, Ranking Minority Member of the Senate Labor and Public Welfare Committee and Congressman Paul G. Rogers, Chairman of the House Subcommittee on Health and the Environment, sent a joint letter to the Secretary of State and Attorney General indicating that they considered the blanket waiver decision a reasonable one but urged that waivers under the "substantial disruption" clause be authorized beyond June 30, 1978 in order to give the unaffiliated hospital-based programs adequate time in which to comply with the new requirements of Public Law 94–484.

The Department convened a meeting on March 16 to discuss this proposal. Officials of U.S. Government agencies and representatives from both the academic and medical community were invited to attend. Representatives of organizations such as the American Hospital Association, the New York Health and Hospital Corporation and the Physicians National House Staff Association were invited to submit their recommendations concerning the criteria to be used if the "substantial disruption" provision is to be extended beyond June 30, 1978. Participants were also invited to submit comments regarding any problems which they might be encountering under the provisions of the current blanket disruption waiver. As comments are received, we will reevaluate the situation and discuss the feasibility of making adjustments, if deemed necesary, with officials of HEW and the Immigration and Naturalization Service.

GENERAL COMMENTS CONCERNING PUBLIC LAW 94–484

Basically, the Department agrees with the general purpose and intent of the new law. It reduces the possibility of American hospitals using the Exchange Visitor Program to fill their staffing needs with FMGs. It reduces the possibility of FMGs using the Exchange Visitor Program to circumvent the normal immigration channels. It makes all FMGs coming to the United States as exchange visitors for graduate medical education automatically subject to the two-year foreign residence requirements of Section 212(e) of the INA. It eliminates the possibility of an FMG obtaining a waiver of the residence requirement on the basis of a statement issued by the FMG's government stating that it has "no objection" to the individual being granted a waiver. Roughly two-thirds of the waivers granted in the past several years have been on this basis.

The new law, however, may, if too broadly construed, adversely affect many short-term exchange programs between American medical schools and their counterparts abroad. Often these programs involve an interchange of distinguished teachers, skilled surgeons, or prominent research scholars. Such FMGs should not be considered to be subject to Public Law 94–484 as they are coming to teach rather than be taught, to help train rather than be trained and to collaborate and instruct rather than to be instructed. The Department proposes to amend the Exchange Visitor Program regulations to accommodate this type of FMGs on exchange programs currently being administered by accredited medical institutions and teaching hospitals.

Under the amended regulations, we would require the Dean of the responsible American medical school to certify in every case where patient care might be involved that the exchange visitor be primarily involved in teaching or research, that any incidental patient care would be under the direct supervision of a faculty member and would not give the FMG final responsibility and decision on the diagnosis and treatment of the patient. The certification by the Dean would be appended to the DSP–66 (Certificate of Eligibility for Exchange Visitor Status) issued to the FMG. We would welcome the views of the Subcommittee to this proposal to amend the current regulations.

Our final concern is that Public Law 94–484 does not have a provision which enables the United States to undertake at the request of foreign governments specialized graduate training programs unless the FMGs involved meet the requirements of the new law which in its effect prevents FMGs from engaging principally in patient care. We anticipate that we will receive from time to time such requests. We would like to be able to cooperate, provided that the foreign trainees are under the direct and continuing supervision of a qualified U.S. medical authority. The current law precludes us from doing so.

IMMIGRANT FMG'S

Title VI of Public Law 94–484 also includes amendments of the Immigration and Nationality Act regarding the immigration of Foreign Medical Graduates on the basis of their professional qualifications. Under a new ground for ineligibility added to section 212(a) of the Act, Foreign Medical Graduates are ineligible to receive third or sixth preference immigrant visas or nonpreference immigrant visas based on professional qualifications, if they are coming to the United States principally to perform services as members of the medical profession, unless they must pass parts I and II of the National Board of Medical Examiners Examination (or an equivalent examination as determined by the Secretary of Health, Education and Welfare) and must be competent in oral and written English. Alien doctors who qualify for immigration on the basis of a relationship to a United States citizen or lawful permanent resident are not subject to the examination or English language competency requirements; nor are alien doctors qualifying for admission as refugees.

The new law in its effect excludes the vast majority of alien doctors from immigrating to the United States on the basis of their profession until they can qualify through successful completion of an examination determined by the Secretary of Health, Education and Welfare to be equivalent to parts I and II of the National Board of Medical Examiners Examination.

Under laws and regulations in force prior to January 10, 1977, foreign medical graduates whose medical degrees or qualifications were conferred by a medical school in the United States or Canada were eligible for immigration based on their qualifications. Any other foreign medical graduate could qualify to immigrate by alternatively establishing (1) that he had successfully completed the qualifying examination administered by the Educational Commission for Foreign Medical Graduates; (2) that he met all the requirements for licensure or for admittance to the licensure examination in the State of his intended employment or medical practice; (3) that he met all the requirements for appointment to an internship or residency being offered to him by an institution providing approved medical internship or residency training; or (4) that he was coming to an appointment to engage in medical teaching, research, or laboratory work that did not involve direct patient care.

The Visa Qualifying Examination, which is being developed and offered by the National Board of Medical Examiners and will be recognized by the Secretary of Health, Education, and Welfare to be equivalent to the National Board Part I and Part II examinations for the purpose of the new law, will be administered for the first time on September 7–8, 1977, at about twenty of the Education Commission for Foreign Medical Graduates examination centers abroad. For the majority of alien doctors seeking to immigrate on the basis on their professional qualifications, this Visa Qualifying Examination will be the first available opportunity since January 9, 1977, to qualify for issuance of an immigrant visa.

Those alien doctors who were the beneficiaries of third or sixth preference petitions approved prior to January 10, 1977, but had not been issued visas and entered the U.S. prior to that date, did not have their eligibility for visas preserved by any provision in Public Law 94–484. They will now be issued immigrant visas when they qualify under the new law in the order in which their original priority dates are reached—those priority dates having been established when their petitions were filed with the Immigration and Naturalization Service. Neither was there any provision made in the new law for preserving the visa eligibility of those alien doctors who qualified and were registered for immigration prior to January 10, 1977, without being beneficiaries of approved petitions. They became ineligible for visa issuance under the new law and may now be issued nonpreference immigrant visas only when they qualify under the new law, in the order in which their original registration dates are reached under applicable numerical limitations provisions.

At a meeting on March 16, 1977, attended by representatives of the medical profession and officials of the responsible U.S. Departments to discuss the implications of the law, administrators of the public hospitals expressed the view that, beginning in July of this year, there would be a substantial shortage of house doctors in public hospitals, notwithstanding the fact that the substantial disruption provisions of the exchange visitor programs had been invoked for the period January 10, 1977, through July 1, 1978. This is a possibility because, while only about 50 percent of the residency positions are filled by FMGs, roughly half of these positions are held by lawful permanent residents. Therefore, even though roughly 25 per cent of the residency vacancies, which will occur in July, can legally be filled by new participants in exchange visitor programs on a one-for-one basis, there will still be a substantial shortfall of doctors because alien doctors will not be qualifying for immigration until some months after the Visa Qualifying Examination is given in early September.

Regulations of the Immigration and Naturalization Service published and effective on January 19, 1977, require that all petitions filed to accord an alien doctor a third or sixth preference status be accompanied by evidence of the beneficiary's successful completion of the examinations prescribed by the new law. New regulations of the Department of Labor will also require that such evidence accompany the application for a labor certification filed by or on behalf of any alien doctor.

The impact which the new law will have on the immigration of foreign medical graduates is uncertain. It is foreseen that some alien doctors who would have tried to qualify for immigration under the previous law will be deterred from such effort because of the more demanding eligibility requirements. Only time and experience will establish how foreign medical graduates in countries where large numbers of them have been registered to immigrate, such as India and the Philippines, will fare under the new qualifying standards. There is also uncertainty about the number of alien doctors registered for immigration as natives of the Western Hemisphere prior to January 1, 1977, who will now become eligible to immigrate under relative preference provisions now in effect for the Western Hemisphere through the enactment of Public Law 94–571, the Immigration and Nationality Act Amendments of 1976.

FMG'S AS DISTINGUISHED VISITORS, TEMPORARY WORKERS AND TRAINEES (H VISAS)

Title VI, Public Law 484, also includes amendments of Section 101(a)(15)(H) of the Immigration and Nationality Act. One of these amendments imposes limiting conditions under which foreign medical graduates can enter the United States temporarily as nonimmigrants to perform services as members of the medical profession. In order to be classified an H-1 nonimmigrant as an alien of distinguished merit and ability coming temporarily to the United States, a foreign medical graduate must come pursuant to an invitation from a public or nonprofit private educational or research institution or agency in the United States to teach or conduct research. Nonimmigrant visas are issued under section 101(a)(15)(H) to aliens who have been accorded the nonimmigrant status on the basis of petitions approved by the Immigration and Naturalization Service. Regulations published by the Service on January 19, 1977, to implement this amendment, require that the petitioning institution establish that the alien is coming to the United States solely to teach or conduct research at the qualitying educational or research institution or agency. The net effect of this regulation is to prevent any alien doctor from qualifying for an H-1 visa if he provides any direct care to patients.

Further amendments of section 101(a)(15)(H) exclude foreign medical graduates coming temporarily to the United States to perform services as members of the medical profession from classification as H-2 nonimmigrants and to receive graduate medical education or training from classification as H-3 nonimmigrants.

In sum, the new law eliminates the H visa as a practical channel of entry for foreign medical graduates into the United States.

This concludes my prepared statement, Messrs. Brown, Cook and I will be pleased to answer questions of the Chairman and Members of the Subcommittee.

Attachments:

Tab 1—Regulations Governing Designated, Exchange-Visitor Programs.

Tab 2—Airgram No. A-2759, dated, June 1, 1976.

Tab 3—Memorandum, dated Dec. 7, 1971, and Special Departmental Notice, dated Dec. 27, 1971.

TAB 1

REGULATIONS

Governing Designated

EXCHANGE-VISITOR PROGRAMS

Reprint from the Federal Register
(Federal Register, Vol. 37, No. 57, March 23, 1972, p. 5940)

Facilitative Services Staff
Bureau of Educational and
Cultural Affairs
Department of State
Washington, D.C. 20520

Reprinted from the Federal Register of March 23, 1972, Vol. 37, No. 57

Title 22—FOREIGN RELATIONS

Chapter I—Department of State

[Dept. Reg. 108.655]

PART 63—EXCHANGE-VISITOR PROGRAM

The exchange-visitor regulations are revised to codify present practices, amend certain restrictions, and provide procedure for additional bases for waiver requests. Accordingly, Part 63 of Title 22 of the Code of Federal Regulations is revised to read as follows:

Subpart A—General

Sec.
63.1 Definitions.
63.2 Types of participants.

Subpart B—Exchange-Visitor Programs

63.11 Application for Exchange-Visitor Program designation.
63.12 Sponsor obligations.
63.13 Duties of Responsible Officer.
63.14 Action on applications for Exchange-Visitor Program designation.
63.15 Assignment of serial number.
63.16 Revocation of designation.

Subpart C—Exchange Visitors

63.21 Notification to Exchange Visitors; summary of instruction to apply for J visas and entries.
63.22 Applications for change or adjustment of status to or from Exchange Visitor, for extensions, and for program transfers.
63.23 General limitations of stay.
63.24 Prohibition of employment not related to program; exception for students in certain circumstances; possible exception for immediate family.

Subpart D—Waiver Procedures in Certain Cases

Sec.
63.31 Requests for waivers of the home-country physical presence requirement of the Immigration and Nationality Act, as amended.
63.32 Action by the Secretary on requests for waivers.

AUTHORITY: The provisions of this Part 63 issued under sec. 4, 63 Stat. 111; secs. 102, 109(a)(b)(d), 75 Stat. 527, 534, 535; secs. 101(a)(15)(J), 104(a), 212(e), 66 Stat. 166, 174, 182, 184; sec. 2, 84 Stat. 116, 117 (22 U.S.C. 2658, 2458; 8 U.S.C. 1101(a)(15)(J), 1104(a), 1182(e), 1258)

Subpart A—General

§ 63.1 Definitions.

The following definitions shall be applicable to this part:

"Act" means the Mutual Educational and Cultural Exchange Act of 1961, as amended;

"Country of his nationality or his last residence" means either the country of which the exchange visitor was a national at the time he acquired status as an exchange visitor or the last foreign country in which he had permanent or legal residence before he acquired status as an exchange visitor;

"Department" means the Department of State of the United States of America;

"Exchange Visitor" means a "participant" and his "immediate family" as defined in this section;

"Exchange-Visitor Program" means a program of a sponsor designed to promote interchange of persons, knowledge and skills, and the interchange of developments in the field of education, the arts and sciences, and concerned with one or more categories of "participants" as defined in this section, which has been designated as such by the Secretary of State, to promote mutual understanding between the people of the United States and the people of other countries;

"Financed directly" means financed in whole or in part by the U.S. Government or the government of the participant's nationality or last residence with funds contributed directly to the alien or for his use in connection with his participation in an Exchange-Visitor Program;

"Financed indirectly" means (a) financed by an international organization, with funds contributed by either the United States or the participant's government for use in financing such exchanges, or (b) financed by an organization or institution, with funds made available by either government for the specific purpose of furthering such international exchange;

"Home-country physical presence requirement" means the requirement that a participant who is within the purview of section 212(e) of the Immigration and Nationality Act, as amended by section 2 of the Act of April 7, 1970, Public Law 91–225 (84 Stat. 116, 117), substantially quoted in § 63.31(a), must reside and be physically present in the country of his nationality or his last residence for an aggregate of at least 2 years following departure from the United States before he is eligible to apply for an immigrant visa or for permanent residence, or for a nonimmigrant H visa as a temporary worker or trainee, or for a nonimmigrant L visa as an intracompany transferee, or for a nonimmigrant H or L visa as the spouse or minor child of a person who is a temporary worker or trainee or an intracompany transferee.

"Immediate family" means the alien spouse and minor unmarried children of a participant who are accompanying or following to join him, and who are seeking to enter or have entered the United States temporarily on a J–2 visa or are seeking to acquire or have acquired such status after admission;

"Participant" means any foreign national who has been selected by a sponsor to participate in an Exchange-Visitor Program and who is seeking to enter or has entered the United States temporarily on a J–1 visa, or who is seeking to acquire or has acquired such status after admission, including, but not limited to the categories listed in § 63.2;

"Participant's government" means the government of the country of his nationality or his last residence;

"Person with required knowledge or skill" means a participant who has specialized or expects to specialize in a field of knowledge or skill which is clearly required by the country of his nationality or last residence, as designated by the Secretary in a separate schedule;

"Responsible Officer" means the official of an organization sponsoring an Exchange-Visitor Program who has been listed with the Department as being responsible for administering the program and carrying out the obligations which the organization assumes in undertaking to sponsor a program (see § 63.13). The designation of an alternate Responsible Officer is permitted and encouraged;

"Secretary" means either the Secretary of State of the United States of America or an officer duly designated by him;

"Sponsor" means any reputable U.S. agency or organization or recognized international agency or organization having U.S. membership and offices which makes application as hereinafter prescribed to the Secretary for designation of a program under its sponsorship as an Exchange-Visitor Program and whose application is approved.

§ 63.2 Types of participants.

Participants include, but are not limited to, the following types:

(a) A "student," for the purpose of pursuing formal courses, or any combination of courses, research, or teaching, leading to a recognized degree or certificate, in an established school or institution of learning; or

(b) A "trainee," for the purpose of obtaining practical training in a specialized field of knowledge and skill. An exchange visitor is considered a trainee (1) when he pursues a training program after receipt of a degree or recognized certificate from a U.S. educational institution, or (2) when he enters the United States initially for the purpose of training at a business or industrial institution; or

(c) A "teacher," for the purpose of teaching in established primary or secondary schools, or established schools offering specialized instruction; or

(d) A "professor," for the purpose of teaching or conducting advanced research, or both, in an established institution of higher learning; or

(e) A "research scholar" or "specialist," for the purpose of undertaking or participating in research; or

(f) An "international visitor," for the purpose of travel, observation, consultation, research, training, sharing, or demonstrating specialized knowledge or skills, or participating in organized people-to-people programs; or

(g) A "professional trainee," for the purpose of pursuing clinical training in the medical and allied fields.

Subpart B—Exchange-Visitor Programs

§ 63.11 Application for Exchange-Visitor Program designation.

Any intending sponsor may apply to the Secretary for designation of a program under its sponsorship as an Exchange-Visitor Program. Such application shall be made on Form DSP-37 "Exchange-Visitor Program Application." The application shall be completed in all details and shall be submitted to the Secretary with required supporting documentation. The officer who signs the application thereby indicates he will assume the duties of the responsible officer for administering its program if it is designated. Official correspondence concerning a designated program will be conducted only between the Department and the responsible officer or his alternate.

§ 63.12 Sponsor obligations.

Each sponsor shall assume in the application the obligation to:

(a) Notify the District Director of the Immigration and Naturalization Service having administrative jurisdiction over a participant's place of temporary residence if the sponsor terminates an alien's participation in the Exchange-Visitor Program or when a participant: (1) Remains in the United States beyond the period of stay authorized by the Immigration and Naturalization Service as shown on the alien's Form I-94, or (2) has ceased to maintain exchange-visitor status, or (3) has completed the activity and objective for which he entered the United States and is due to depart;

(b) Provide guidance to participants to enable them to complete the objective for which they sought entry into the United States and to return abroad in accordance with the general limits of stay contained in § 63.23;

(c) Instruct any participant requiring a temporary extension of stay to apply to the Immigration and Naturalization Service between 15 and 30 days before the expiration of the participant's stay and provide the participant requiring the extension with a fully completed Form DSP-66 showing the period and terms of the extension desired;

(d) Sign Part II of Form DSP-66 after Part I has been completed by the responsible officer of the program to which an exchange visitor wishes to transfer if further participation under another Exchange-Visitor Program is considered necessary or desirable to enable the visitor to realize his stated objective;

(e) Submit an annual report to the Department which should cover the operations of its program for the 12-month period ending June 30 and which must be submitted to the Department within 30 days of that date. (The report should show the number of participants sponsored by the organization during the reporting period, broken down by authorized activities, and such other information as may be required by the Department.)

(f) Discharge such other obligations as the Department may inform the sponsor are required in the administration of his particular program.

§ 63.13 Duties of responsible officer.

It is the duty of the responsible officer to:

(a) Conduct all correspondence relating to his program with the Department, the Immigration and Naturalization Service or American consular officers. (Reference to the organization's Exchange-Visitor Program by its assigned serial number should always be made in such correspondence as required by § 63.15);

(b) Advise and assist all participants in his program or programs in their relations with the Department, the Immigration and Naturalization Service or American consular officers;

(c) Execute, sign and control the issuance of Form DSP-66 in accordance with instructions of the Department;

(d) Certify that the activity in which the exchange visitor will engage is one which is authorized under the terms of the official description of his program;

(e) Upon receiving a Form DSP-66, where Part I is completed by another sponsor to whose Exchange-Visitor Program the exchange visitor is transferring, complete Part III when his transfer to the other Exchange-Visitor Program is considered to be clearly within the objective for which the alien sought entry into the United States;

(f) Advise any exchange visitor whose program will extend beyond his authorized stay and/or who desires a transfer to another Exchange-Visitor Program as described in § 63.22 (b) and (c), that he must apply to the Immigration and Naturalization Service for permission, presenting to that Service a newly completed and executed Form DSP-66 for the accomplishment of his intentions, and the temporary entry permit Form I-94 (Arrival-Departure Record) inserted in his passport by that Service;

(g) Notify the District Director of the Immigration and Naturalization Service in accordance with paragraph (a) of § 63.12 if the sponsor terminates an alien's participation in the Exchange-Visitor Program or when a participant: (1) Remains in the United States beyond the period of stay authorized by the Immigration and Naturalization Service as shown on the alien's Form I-94; (2) has ceased to maintain exchange-visitor status (including the circumstances involved); or (3) has completed the activity and objective for which he entered the United States and is due to depart. The notification should include the alien's full name, date and place of birth, and, if known, the date and port of departure, identity of the transportation medium, and his alien registration number;

(h) Submit requests for supplies of Form DSP-66 to the Department and control supplies forwarded (requests from persons other than the Responsible Officer or his alternate will not be honored);

(i) Inform the Department when the Responsible Officer or the alternate listed in the Department's records will no longer act in this capacity and supply the name and title of the official who will henceforth assume such responsibility;

(j) Inform all interested personnel of his organization concerning its sponsorship of an Exchange-Visitor Program, with particular reference to the functions of the Responsible Officer;

(k) Inform the Department when the organization wishes to discontinue sponsorship of an Exchange-Visitor Program or when it wishes to amend its description;

(l) Prepare and submit the required annual report as described in paragraph (e) of § 63.12;

(m) Respond to requests from the Department and/or the Immigration and Naturalization Service for the views of the sponsor with regard to applications involving waivers of the 2-year home-country physical presence requirement for exchange visitors who are or were sponsored by his institution.

§ 63.14 Action on applications for Exchange-Visitor Program Designation.

(a) An application for program designation on Form DSP-37 submitted to the Secretary shall be examined to ascertain the adequacy of the information furnished. If sufficient information has not been furnished, the intending sponsor shall be requested to supply information in which the application is deficient. In addition to the information furnished on Form DSP-37, the Secretary may require an intending sponsor to present any evidence of a documentary nature, such as program reports, institutional catalogues, letters of recognition, accreditation, certification or approval, which he may consider necessary in making his determination of the eligibility of the program to be designated as an Exchange-Visitor Program.

(b) Upon receipt and consideration of the Form DSP-37, including any required additional evidence, the Secretary may in his discretion designate the sponsor's program as an Exchange-Visitor Program. The Secretary will notify the sponsor in writing of his decision. Any designation by the Secretary of an Exchange-Visitor Program other than a program sponsored by the Department's Bureau of Educational and Cultural Affairs will not obligate the Secretary or the Department of State in any way with respect to the financial operation of the program or imply any financial responsibility by the Secretary or the Department for participants in such a program.

§ 63.15 Assignment of serial number.

(a) If designation is made, the program will be assigned a number within one of the following series:

G-I—Programs sponsored by the Bureau of Educational and Cultural Affairs, Department of State.

G-II—Programs sponsored by the Agency for International Development.

G-III—Programs sponsored by the U.S. Information Agency.

G-IV—Programs sponsored by international agencies or organizations in which the U.S. Government participates.

G-V—Programs sponsored by other national, State, or local governmental agencies.

P-I—Programs sponsored by educational institutions such as schools, colleges, universities, seminaries, libraries, museums, and institutions devoted to scientific and technological research.

P-II—Programs sponsored by hospitals and related institutions.

P-III—Programs sponsored by nonprofit associations, foundations, and institutes.

P-IV—Programs sponsored by business and industrial concerns.

(b) The sponsor will thereafter refer to the assigned serial number in any correspondence with the Secretary, consular officers, or the Immigration and Naturalization Service concerning its Exchange-Visitor Program or any participant in such program.

§ 63.16 Revocation of designation.

The Secretary may in his discretion revoke the designation of any Exchange-Visitor Program for any sufficient cause, including, but not limited to:

(a) Failure to maintain educational or training standards as established by competent professional agencies;

(b) Failure to submit complete and accurate reports on program operations when requested by the Secretary;

(c) Misuse of the Exchange-Visitor Program.

Subpart C—Exchange Visitors

§ 63.21 Notification to Exchange Visitors; summary of instruction to apply for J visas and entries.

(a) The Responsible Officer or alternate shall execute a Form DSP-66, "Certificate of Eligibility for Exchange-Visitor (J-1) Status", and furnish it in a single original copy to each selected participant for presentation to the American consular officer abroad in applying for a J-1 visa. The Responsible Officer or alternate is required to furnish in the Form DSP-66 the time and terms of the proposed exchange visit which must be demonstrably within the activities contained in the duly authorized description of the Exchange-Visitor Program concerned. The Responsible Officer or alternate should also instruct the alien to read and complete the participant's Certificate which is printed on the back of Form DSP-66 prior to presentation to a consular officer (or immigration officer, if exempt from visa requirements) and to sign and date it upon presentation to the officer.

(b) The Form DSP-66 which was presented to the consular officer for a visa will be returned to the participant, and, upon arrival at a U.S. port of entry, the participant must present and relinquish it to the examining immigration inspector of the Immigration and Naturalization Service.

(c) Members of the participant's immediate family accompanying him may apply for J-2 visas and entry into the United States on the basis of the Form DSP-66 issued to the participant. If members of the immediate family are following to join the participant, they must present to the American consular officer (unless exempt from visa requirements) and to the examining immigration inspector of the Immigration and Naturalization Service at the port of entry in the United States, a copy of the current Form DSP-66 issued to the participant, which has been prepared and authenticated by the Responsible Officer or alternate to show that the participant is currently sponsored under the respective Exchange-Visitor Program and to show the participant's authorized period of stay.

§ 63.22 Applications for change or adjustment of status to or from Exchange Visitor, for extensions, and for program transfers.

(a) *Change of status to Exchange Visitor.* An application for change of status to Exchange Visitor shall be made by the prospective exchange visitor who has been admitted into the United States as a nonimmigrant and is eligible for change of status in accordance with the provisions of section 248 of the Immigration and Nationality Act, as amended, to the office of the Immigration and Naturalization Service having administrative jurisdiction over his place of temporary residence. Such application must be accompanied by Form DSP-66 properly executed by the sponsor and the intending participant. Upon request of the Immigration and Naturalization Service officer to whom such application is made, the Department will furnish its views in any case in which the officer (1) cannot determine from the evidence submitted that the program proposed for the participant is clearly within the scope of the designation of the Exchange-Visitor Program concerned, or (2) has doubt, considering among other factors the applicant's length of stay and previous activities in the United States, as to whether the best interests of the international educational and cultural exchange program would be served by this change of status. The application of the immediate family, if not made on the same occasion as the participant's, must be accompanied by a copy of the Form DSP-66 issued to the participant, authenticated by the responsible officer for the Exchange-Visitor Program or by his alternate whose name has been recorded with the Department, to show that the participant is still under that program and to show the authorized period of stay of the participant.

(b) *Extension of stay.* (1) Application for extension of stay shall be made between 15 and 30 days before the expiration of the exchange visitor's authorized stay to the District Director of the Immigration and Naturalization Service having administrative jurisdiction over his place of temporary residence. The authorized period of stay is noted on Form I-94 (Arrival-Departure Record) inserted in the exchange visitor's passport by the Immigration and Naturalization Service.

(2) A participant applying for an extension of stay shall present Form DSP-66 properly completed and endorsed by the sponsor to show the time and terms of the extended stay for which application is made. As a general rule, applications for extensions of stay should be requested only for continuation of the activity for which the participant obtained status as an exchange visitor, not for a new activity. When the application, if approved, would extend the participant's stay beyond the limitation specified in § 63.23, it must be strongly supported by the sponsor with evidence that there are exceptional circumstances or that additional time is required to complete highly specialized training, and that the participant's future intentions clearly involve his departure from the United States in accordance with the objectives of the Exchange-Visitor Program. If the applicant is accompanied by his immediate family, the sponsor should attach to Form DSP-66: (i) A statement on the sponsor's letterhead giving for each accompanying family member for whom extension is requested his name, relationship to the exchange visitor, nationality, place and date of birth, passport number, passport expiration date and passport issuing country; and (ii) Form I-94 (Arrival-Departure Record) for each.

(3) Upon request of the Immigration and Naturalization Service, the Department will furnish its views in all cases in which an extension is sought to enable the participant to carry out a new activity under the sponsor's program.

(4) The application of the immediate family, if not made simultaneously with the participant's application, must be accompanied by a copy of the Form DSP-66 which was issued to the participant, properly endorsed by the sponsor to show the time and terms of the extended stay for which the participant has applied. The following should be attached to this copy of the Form DSP-66: (i) A statement on the sponsor's letterhead giving for each accompanying family member his relationship to the exchange visitor, nationality, place and date of birth, number, issuing country and expiration date of his passport; and, (ii) Form I-94 (Arrival-Departure Record) for each.

(c) *Program transfer.* (1) An application for permission to transfer from one designated Exchange-Visitor Program to another must be submitted to the District Director, Immigration and Naturalization Service, having administrative jurisdiction over the partcipant's place of temporary residence in the United States, by the participant concerned between 15 and 30 days before participation in the program to which he wishes to transfer is scheduled to begin. A participant applying for a program transfer shall present a duly executed Form DSP-66, Part I completed by the prospective sponsor, and Part III, by the releasing sponsor. The reverse side must also be completed in accordance with the instructions which are printed on the form.

(2) Before acting on the participant's application for permission to transfer, the District Director may request the views of the Department as to whether the best interests of the international educational and cultural exchange program will be served by the transfer in any case in which (i) the applicant is unable to present a Form DSP-66 with Part III duly executed by the current sponsor, (ii) it appears that the transfer is for the purpose of extending the stay of the participant in the United States beyond the completion of the objective for which he came, or (iii) the participant does not appear to be making clear progress toward a definite objective consistent with the intent and purposes of the Act.

(d) *Adjustment of status from exchange visitor to permanent resident or change to another nonimmigrant category.* (1) Adjustment of status from exchange visitor to permanent resident is possible only if the 2-year home-country physical presence requirement of section 212(e) of the Immigration and Nationality Act, as amended, is inapplicable or waived. (See § 63.31 for a substantial quotation of section 212(e) and for reguiations regarding waivers.) Applications for adjustment of status must be made by the participant to the District Director, Immigration and Naturalization Service, having jurisdiction over his place of temporary residence in the United States.

(2) An application for change of status from exchange visitor to another nonimmigrant category must be made to the District Director, Immigration and Naturalization Service, having jurisdiction over his place of temporary residence in the United States. The Immigration and Naturalization Service has directed that the District Director will not grant a change to nonimmigrant status under section 101(a)(15)(A) or (G) of the Immigration and Nationality Act unless the Department advises him that the applicant is qualified for classification thereunder.

§ 63.23 General limitations of stay.

(a) To insure that exchange visitors remain in the United States only so long as is necessary to satisfy their stated objectives and the intent of the Act, the following general limits on the period of stay of exchange visitors are hereby established. Exceptions to these limitations will be permitted only in unusual circumstances:

(1) *Participants.* (i) Students—as long as they pursue substantial scholastic programs leading to recognized degrees or certificates. After receiving degrees or certificates from the U.S. institution, students whom the sponsor recommends for practical training may be permitted to remain for such purpose for an additional period of up to 18 months.

(ii) Teachers, professors, research scholars, and specialists—3 years.

(iii) International visitors—1 year.

(iv) Professional trainees—5 years for internships and residencies.

(v) Graduate nurses—2 years.

(vi) Medical technologists, medical record librarians, medical record technicians, radiologic technicians, nurse anesthetists, and other participants in similar categories—length of the approved training program plus a maximum of 18 months for practical training, not to exceed a total of 3 years.

(vii) Business and industrial trainees—18 months.

(2) *The immediate family.* As long as the participant remains.

(b) The limitations in this section prescribe, as a general rule, the maximum stays of exchange visitors in the categories cited. A participant who is able to complete his objective in less than the maximum lengths of time will be expected to return abroad to comply with the purposes of the Act. These limitations apply regardless of the number of Exchange-Visitor Programs in which he participates. Therefore, transfer from one Exchange-Visitor Program to another will not extend the stay of a participant beyond the limits set for his particular category. These limitations should not be construed as extending or changing in any way the authorized period of stay specified in the official description of an Exchange-Visitor Program.

§ 63.24 Prohibition of employment not related to program; exception for students in certain circumstances; possible exception for immediate family.

(a) *General.* Except as provided in paragraph (b) of this section for students in certain circumstances, an exchange visitor who engages in activities that both produce income from U.S. sources and are unrelated to his program ceases to maintain his lawful status in the U.S. as an exchange visitor. (See paragraph (e) of this section for exception in regard to immediate family.)

(b) *Exception for students.* An exchange-visitor students' status is not subject to curtailment as stated in paragraph (a) of this section if all the following conditions are met:

(1) Such employment is required by an urgent financial need which has arisen since the time of visa issuance;

(2) It does not cause the participant to reduce his preparation and studies below the full-time level; and,

(3) It has the written approval of the sponsor signed by the Responsible Officer or his alternate.

(c) *Limitation on workweek for students.* No full-time employment (40 hours per week) or employment approaching the nature of full-time employment may be approved for an exchange-visitor student by the sponsor, except during periods of school vacation.

(d) *Certain student employment exempted from paragraph (b)(1).* Remunerative employment of an exchange-visitor student who is otherwise taking a full course of study pursuant to the terms of a scholarship, fellowship, or assistantship, is considered to be a part of his academic program if the employment is both on-campus and is related to his course of study. Such employment is not subject to the provision of paragraph (b)(1) of this section.

(e) *Possible exception for immediate family.* Immediate family members may accept employment in the United States only if authorized to do so by the District Director of the Immigration and Naturalization Service having jurisdiction over the place where the participant is sojourning temporarily. (See 8 CFR 214.2(j)(1).)

Subpart D—Waiver Procedures in Certain Cases

§ 63.31 Requests for waivers of the home-country physical presence requirement of the Immigration and Nationality Act, as amended.

(a) *General provisions.* Section 212(e) of the Immigration and Nationality Act, as amended, provides substantially in part that:

(1) No person admitted under section 101(a)(15)(J) or acquiring such status after admission whose (i) participation in the program for which he came to the United States was financed in whole or in part, directly or indirectly, by an agency of the Government of the United States or by the government of the country of his nationality or his last residence, or (ii) who at the time of admission or acquisition of status under section 101(a)(15)(J) was a national or resident of a country which the Secretary of State, pursuant to regulations prescribed by him, had designated as clearly requiring the services of persons engaged in the field of specialized knowledge or skill in which the alien was engaged, shall be eligible to apply for an immigrant visa, or for permanent residence, or for a nonimmigrant visa under section 101(a)(15)(H) or section 101(a)(15)(L) until it is established that such person has resided and been physically present in the country of his nationality or his last residence for an aggregate of at least 2 years following departure from the United States as an exchange visitor;

(2) Upon the favorable recommendation of the Secretary of State, pursuant to the request of an interested United States Government agency, or of the Commissioner of Immigration and Naturalization after he has determined that departure from the United States would impose exceptional hardship upon the alien's spouse or child (if such spouse or child is a citizen of the United States or a lawfully resident alien), or that the alien cannot return to the country of his nationality or last residence because he would be subject to persecution on account of race, religion, or political opinion, the Attorney General may waive the requirement of such 2-year foreign residence abroad in the case of any alien whose admission to the United States is found by the Attorney General to be in the public interest.

(3) The Attorney General may, upon the favorable recommendation of the Secretary of State, waive such 2-year foreign residence requirement in any case in which the foreign country of the alien's nationality or last residence has furnished the Secretary of State a statement in writing that it has no objection to such waiver in the case of the alien.

(b) *Exceptional hardship to United States citizen or lawfully resident alien spouse or child or probable persecution for enumerated reason.* (1) An application for waiver on the basis that a 2-year period of residence abroad would impose exceptional hardship upon the exchange visitor's spouse or child (if such spouse or child is a citizen of the United States or a lawfully resident alien), or, on the basis that return to the country of his nationality or his last residence would subject the exchange visitor to persecution on account of race, religion, political opinion, nationality, or membership of a particular social group, shall be submitted by the exchange visitor to the office of the Immigration and Naturalization Service having administrative jurisdiction over his place of temporary residence in the United States or if the exchange visitor is abroad, of his last place of residence in the United States.

(2) If the Commissioner of Immigration and Naturalization determines that compliance with the home-country physical presence requirement would impose exceptional hardship upon the spouse or child who is an American citi-

zen or permanent resident alien, or, would subject the alien to persecution on account of race, religion, political opinion, nationality, or membership of a particular social group, the finding showing such determination together with a summary of the details of the expected hardship or persecution will be submitted to the Bureau of Educational and Cultural Affairs of the Department for the Secretary's recommendation.

(c) *Interested U.S. Government agency or statement of no objection by home country.* Applications for the favorable recommendation of the Secretary for a waiver on the basis of a request from an interested U.S. Government agency, or on the basis of a statement from the exchange visitor's country of nationality or last residence to the Secretary that it has no objection to a waiver, shall be initiated with the Bureau of Educational and Cultural Affairs of the Department in the following manners:

(1) *Interested U.S. Government agency.* When the application is supported by an interested U.S. Government agency, the head of such agency or his designee must submit a statement in writing to the Bureau of Educational and Cultural Affairs of the Department, in which he determines and attests that, from the point of view of the agency (i) the granting of the waiver would be in the public interest and (ii) the exchange visitor's compliance with the 2-year home-country physical presence requirement would be clearly detrimental to a program or activity of official interest to the agency. Further, the statement shall identify by name and location the organization which will use the exchange visitor's services, indicate his intended place of residence in the United States and include the views of each of his sponsors concerning his waiver application.

(2) *No objection by home country.* When the application is to be supported by a statement of no objection by the exchange visitor's country of nationality or last residence, this statement shall be directed to the Secretary through official channels, i.e., from the country's foreign office to the Department through the U.S. mission in the foreign country concerned, or through the country's head of mission or his designee to the Secretary in the form of a diplomatic note. In addition to the statement indicating that the country concerned has no objection to the waiver, the Exchange Visitor must submit the following information to the Director, Facilitative Services Staff, Bureau of Educational and Cultural Affairs: (i) Full name; (ii) place and date of birth; (iii) present address in the United States or last address in the United States prior to departure; (iv) list of Exchange-Visitor Programs (or Program) in which he participated; (v) Alien Registration Number, if known; (vi) name of foreign government official with whom the case can be discussed if necessary; (vii) specific reasons for not wishing to fulfill the 2-year home-country physical presence requirement; and (viii) the views of each of his sponsors concerning his waiver application.

§ 63.32 Action by the Secretary on requests for waivers.

Upon receipt of a request for a recommendation of waiver of the home-country physical presence requirement of section 212(e) of the Immigration and Nationality Act, as amended, the Secretary will review the policy, program, and foreign relations aspects of the case and will transmit his recommendation to the Attorney General for decision. The Exchange Visitor will be advised of the decision in his case by the Immigration and Naturalization Service.

Effective date. This revision shall be effective upon publication in the FEDERAL REGISTER (3-23-72).

For the Secretary of State.

[SEAL] WILLIAM B. MACOMBER, Jr.,
Deputy Under Secretary for Management.

MARCH 8, 1972.

[FR Doc.72-4373 Filed 3-23-72;8:54 am]

Tab 2

CU-104

DEPARTMENT OF STATE

AIRGRAM

1770081-1283 1440

(b) FILE DESIGNATION

Original to be Filed in __________ Decentralized Files.

/R	REP	AF 3	ARA 5
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A-2759

NO.

TO : ALL DIPLOMATIC POSTS

1976 JUN -1 PM 3:46

FROM :DEPARTMENT OF STATE (CU/FS) DATE:

SUBJECT :FOREIGN MEDICAL GRADUATES

TAGS :OEXC:OGEN

REF :

E.O. :11652 N/A

The purpose of this airgram is twofold: (1) to inform the posts of major changes in residency training programs in the United States for Foreign Medical Graduates and (2) to set forth basic guidelines for Foreign Medical Graduates who wish to pursue training in the United States under the sponsorship of the Educational Commission for Foreign Medical Graduate's Exchange-Visitor Program (No. P-3-4510). Posts, at their discretion, may wish to bring these changes to the attention of appropriate foreign medical officials such as the Deans of foreign medical schools, Ministry of Health officials and the like. They should also, as appropriate, be brought to the attention of the Binational Commission/Foundations.

1976 JUN 1 PM 4 51

Until recently, there were several thousand vacancies available for Foreign Medical Graduates each year for first-year residency training in U.S. hospitals. These vacancies are rapidly vanishing. A succinct article on the subject by Rose Tracy, MBA, Research Associate of the American Medical Association's Department of Graduate Medical Education is enclosed.

Statistical data compiled by the Educational Commission for Foreign Medical Graduates (ECFMG) indicate that large numbers of Foreign Medical Graduates are using the Exchange-Visitor Program as a

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FORM 10-64 DS-323

For Department Use Only ☐ In ☒ Out

Drafted by:	Drafting Date:	Phone No.:	Contents and Classification Approved by:
CU/FS - Paul A. Cook:mht	5/27/76	235/9436	Paul A. Cook Paul A Cook

Clearances: SCA/VO-Mr. Brown (in draft) CU/Area Offices (in draft)
INS - Mr. McCarthy (in draft) CU/OPP-DRoth (in draft)

stepping stone for immigration purposes. A statistical breakdown of Exchange-Visitors sponsored by ECFMG as of November 3, 1975 is enclosed. This breakdown indicates that roughly 70% of the 9,513 Foreign Medical Graduates previously under ECFMG sponsorship have adjusted their status from that of nonimmigrant ("J"- Exchange-Visitor) to become Permanent Residents of the U.S.

To correct this misuse of the Exchange-Visitor Program by foreign physicians, the Department plans to take the following action:

1) Amend the Regulations Governing Exchange-Visitor Programs whereby the general limitation of stay for foreign physicians pursuing training programs will be two years instead of five. Extensions beyond two years will be considered only on the basis of the submission of strong justification by the home country institution or agency. As a general rule, it must be demonstrated that the additional training is required to qualify the individual for a particular position which he or she will assume upon returning home. If the educational training program is not directly related to the needs of the country of origin, the Exchange-Visitor Program should not be used.

2) Instruct the ECFMG to limit the use of the Exchange-Visitor visa after January 1, 1977 (a) to Foreign Medical Graduates (FMGs) who are funded by the U.S. Government or the individual's home government; (b) to FMGs whose training is requested by, arranged or paid for by his or her home country institution or government or (c) FMGs who are invited to the U.S. for a special short-term training program by an accredited medical educational institution in the U.S. with the approval of the home country institution and/or government.

3) Exchange Visitors in the United States in medical training programs which began prior to January 1, 1977 will be allowed to complete their training objective provided they have not initiated action to become immigrants or permanent residents of the United States. Training objective is defined as the completion of the basic residency requirement for which the FMG was being trained. If Foreign Medical Graduates, after completing their basic residency requirement wish to pursue additional training in a directly-related subspecialty, they will be required to furnish documentation from their governments or home universities or hospitals which indicates the need for the specified additional training. The Foreign Medical Graduates must also certify that they will return home on completion of any extension.

Officials of Ministries of Health or foreign medical schools who are interested either in arranging specialized training programs for their medical graduates or in obtaining the consultation services of U.S. physicians, Public Health Officials or hospital administrators should communicate with Dr. Frank W. McKee, Associate Director, Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pa. 19104.

Further details, including amended regulations, will be sent to the posts within the next several months.

KISSINGER

Enclosures:

1. Article by Rose Tracy, MBA, Research Associate.

2. Statistical Breakdown of Exchange Visitors Sponsored by ECFMG as of November 3, 1975.

[illegible] 1 page 4
A-2759

Vanishing Vacancies in Residencies

Physicians seeking first-year residencies in graduate medical education are having difficulty finding such vacancies. Graduates of foreign medical schools already in this country who have received their certificates from the Educational Commission on Foreign Medical Graduates (ECFMG), after having passed its July examination, are dismayed to learn that few if any hospitals have vacancies for first-year residents, and that most program directors will not be making appointments until March for July 1976 openings. Some foreign graduates report that they have written, telephoned, and visited dozens of hospitals, to no avail.

The first year of graduate training, still specified in most state medical practice acts as an internship year, is a prerequisite in most states to take the examination for licensure to practice medicine, regardless of the candidate's previous practice in countries other than the United States or Canada.

To find a first-year position in the fall of the year has always been difficult because most appointments are made to coincide with the beginning of the academic year on July 1. Few hospitals have continued the policy of a generation ago of also making appointments on Jan 1.

The difficulty of finding a vacancy this year has been compounded by three factors:

1. Most positions are in hospitals already committed to selecting their candidates through the National Intern and Resident Matching Program (NIRMP), which announces its results in March 1976. The foreign graduate who has just qualified for appointment by means of passing the ECFMG examination will probably not have been able to apply as an individual to participate in the NIRMP before its application deadline of Sept 30, 1975. It must be added that participation in the NIRMP is not a guarantee of being matched to a position.

2. More positions are being filled each year by graduates of increasingly large classes from US medical schools.

3. There is indication that some program directors are decreasing or eliminating the positions offered but not filled by July 1, 1975, because of present economic conditions and inflation's effect on hospital budgets.

Physicians and laymen who receive inquiries from friends and acquaintances abroad concerning the possibility of obtaining a first-year appointment in a US hospital should be aware of this turn-around in climate from that of a few years ago when some hospitals were actively recruiting most of their house staff from abroad.

Candidates in foreign countries should be urged not to depart for the United States unless they have an ECFMG certificate and have a signed contract for a first-year or higher-level appointment, or unless they have the means to maintain themselves in the United States for a year or more during which they may be seeking an appointment.

Ross Tracy, MBA, *Research Associate*,
AMA Department of Graduate Medical Education

JAMA, Dec 29, 1975—Vol 234, No 13

STATISTICAL BREAKDOWN OF EXCHANGE VISITORS SPONSORED BY ECFMG AS OF NOVEMBER 3, 1975

Total sponsored by ECFMG since June, 1972	17,020
Total currently under ECFMG sponsorship	7,507
Total not currently under ECFMG sponsorship	9,513

Disposition Breakdown of 9,513 not currently under ECFMG sponsorship

1. Reported that they have departed the U.S.A. — 2,480 (26%)

   Note: The true figure is actually lower than the 2,480 since many have returned to their home country and have either been detained until a permanent immigrant number is available or, in the case of the Western Hemisphere, returned to obtain their permanent immigrant number.

2. Adjusted status to that of permanent immigrant — 5,495 (58%)
3. Changed to H visa status — 201 (2%)
4. Died — 13
5. Transferred to P-I program — 70
6. Changed to J-2 visa status — 78

[illegible] Remain in the U.S.A. — 1,176

This is the group that ECFMG has tried or is trying to determine their disposition and have been unable to do so in spite of repeated requests. 757 are individuals with expiration dates of sponsorship February 28, 1975 or earlier whose present whereabouts we have been unalbe to determine. 419 are either individuals with a sponsorship expiration date 90 days later than March 1, 1975, or individuals that we are continuing to determine disposition.

Efforts in the past indicate that, when notification is finally received from these individuals, they almost exclusively have adjusted to permanent immigrant status. A safe assumption is that at least 90% of this total of 1176 have already become permanent immigrants, or approximately 1,058 which, if added to 5,495, increases this group to 6,553 (69%).

> Another safe assumption is that those who have changed to an H visa (201) usually do so to maintain their status until a permanent immigrant number is available. Adding 201 to the 6,553 figure = 6,754 or approximately 71% of the total.

The "return rate" needs explanation since there is almost complete return to certain countries and almost no return to others. This information will be ava able when the detailed Disposition Report by Countries is completed.

APA:jhs
12/15/75

TAB 8

1442-3

MEMORANDUM OF BASIC UNDERSTANDING
BETWEEN THE DEPARTMENT OF STATE
AND
THE COMMISSION OF FOREIGN MEDICAL GRADUATES
REGARDING THE DESIGNATION
OF AN EXCHANGE-VISITOR PROGRAM

In order to provide more effective administration and professional guidance for United States training programs for Foreign Medical Graduates (FMGs) who come to the United States under Exchange-Visitor Programs designated by the Department of State, the Department and the Commission on Foreign Medical Graduates (CFMG) enter into this Memorandum of Basic Understanding:

1. Designation. Upon presentation of the appropriate application (Form DSP-37), the Department of State will designate the Commission on Foreign Medical Graduates (CFMG) as the sponsor of an Exchange-Visitor Program, authorizing it to sponsor Foreign Medical Graduates (FMGs) for (a) internship and residency programs approved by the American Medical Association (AMA), and (b) programs of short-term specialized training created under criteria developed by the CFMG and approved by the Department.

2. Coverage. It is the intention of this Memorandum that the CFMG sponsorship will eventually cover all foreign medical graduates admitted to the United States in Exchange-Visitor (J-1) status under programs in the P-II or G-V (Veterans Administration hospitals) categories to pursue an

internship/residency objective. Individual hospitals which now have Exchange-Visitor Programs in the P-II or G-V categories would continue to sponsor directly all foreign medical personnel other than interns and residents, as currently authorized in their program designations. Hospitals would also continue to have the option of utilizing the "H" visa to sponsor prospective FMGs. This coverage is not intended to extend immediately to Exchange Visitors brought to the United States by certain foundations, or by the Department of State under its Program Number G-I-1, although the Department will explore with the concerned organizations and individuals the inclusion of these FMGs at a later date.

3. Exceptions. The Department will notify all current sponsors of FMG programs in the P-II and G-V categories of the intentions of this Memorandum, with the expection that it will amend all existing program designations in these two categories to exclude direct sponsorship of foreign medical graduates. However, the Department reserves the right, in appropriate circumstances, to maintain the program designations for selected individual sponsors in order to permit the continued direct sponsorship of FMGs; those excepted sponsors would not be included in the authority herein given to the CFMG.

4. Effective Date. The effective date on which the CFMG will take over this responsibility is July 1, 1972. At that time, the CFMG will assume sponsorship of those FMGs covered by this Memorandum who are (a) entering the

United States, and (b) already present in the country, if additional training for them is indicated.

5. Responsible Officer. The Department will list the Executive Director of the CFMG, presently William A. Sodeman, M.D., as the Responsible Officer for administering the Exchange-Visitor Program herein designated, and will list additional officers proposed by the CFMG to act as his alternates. The CFMG will notify the Department whenever it makes changes in this regard. Only those persons listed with the Department as Responsible Officers are authorized to sign and issue Form DSP-66, the Certificate of Eligibility for Exchange Visitor Status. As with all other Exchange Visitor programs, the Responsible Officer will be required to fulfill all of the standard duties required of such persons by the Department of State, under guidelines now laid down or as may be amended in the future.

6. Charges. The CFMG will initially apply a fee of $30 per year, to be paid directly by each FMG participating in the Program. The $30 fee is based on current estimates of the revenue needed by the CFMG, a non-profit organization, to cover its administrative and overhead expenses in performing the services set forth by this Memorandum. The fee will be reviewed annually by the CFMG and adjustments shall be made by the CFMG, if appropriate, in order to place the fee for services rendered on a break-even basis with the expenses incurred by the CFMG in providing its services. Any change will be subject to prior discussion with the Department.

7. Services. The CFMG will supply the following services:

   a. Liaison with Participating Hospitals. The CFMG will undertake to inform all appropriate hospitals, professional associations, and other concerned organizations of the CFMG's purposes and activities, and it will endeavor to involve them to the full extent feasible in the process of developing policy and administering this Exchange Visitor program.

   b. Continuity. The CFMG will ensure that its services are supplied equitably to hospitals whose authority for direct sponsorship of FMGs is withdrawn by the Department of State as a result of this Memorandum, and that no hospitals previously designated as sponsors of FMG programs are excluded from continued and appropriate participation under CFMG sponsorship if such participation is desired.

   c. DSP-66. The CFMG will handle the issuance of the Form DSP-66 in all cases involving the admission, certification, transfer, and extension of stay for FMGs who come under the program herein designated. In the case of interns and residents, the DSP-66 will be issued only to those FMGs who have been certified by the Educational Council for Foreign Medical Graduates, and who are participating in programs approved by the American Medical Association. In the case of participants in short-term programs developed under paragraph (i) below, the DSP-66 will be issued under criteria developed by the CFMG and approved by the Department of State.

d. Problem-Solving. The CFMG will maintain close and continuing consultation with both the U.S. institutions training FMGs and the FMGs themselves in order to reduce, if not eliminate, special problems currently encountered by either or both parties.

e. Hospital Participation. The CFMG will authorize placement of interns and residents only in hospitals with programs approved by the American Medical Association. It will develop guidelines for further standards which must be met by participating hospitals and will advise the Department when it appears that hospitals are not meeting those guidelines. It will also develop criteria for placement to ensure participation by a wide spectrum of U.S. institutions in order to provide appropriate and well-rounded training programs, taking into account the needs of the individual FMG, his country, and the hospital.

f. Placement Mechanism. The CFMG will develop a mechanism to match more suitably hospital training opportunities with the qualifications and goals of the FMG. It is intended that the CFMG will serve as an agency to assist the FMGs who are seeking placements and the hospitals who are interested in training FMGs.

g. Orientation. The CFMG will develop plans for orienting program participants to ensure that they receive an introduction to the culture and people of the United States, necessary language instruction, and other elements aimed at maximizing their benefit from the training period. Such orientation programs will be developed for conduct either by the CFMG or directly by individual hospitals or groups of participating hospitals.

h. Counseling. The CFMG will arrange counseling and guidance services for FMGs, especially in regard to fields of specialization and sites of training.

i. Short-Term Training. The CFMG will develop, for the Department's approval, guidelines and criteria for sponsoring and placement of highly qualified FMGs for short-term specialized training.

j. Statistical Information. The CFMG will develop a computerized data bank to ensure efficient and effective placement of FMGs for training, as well as to enable both the Commission and the Department to make periodic evaluations of this activity.

k. Reports. CFMG will submit annually to the Department a report of the number of Exchange Visitors sponsored during the twelve-month period ending June 30, due within 30 days of that date. The report should include the number sponsored for (a) internships, (b) residency, by speciality, and (c) short-term specialized training. The CFMG will also submit an annual evaluative analysis of the program, including recommended changes designed to improve the overall administration of the program, as well as other reports that may be requested by the Department.

8. Review Committee. A committee will be established to meet periodically and to keep under continuous review the subject matter of this Memorandum, making such amendments as may be mutually agreed upon. The committee will include the Director of the Facilitative Services Staff of the Department of State's Bureau of Educational and Cultural Affairs, the Executive Director of the CFMG, and such other representatives of those two agencies as the Department and the CFMG may designate.

9. Termination. This Understanding may be terminated either by the Department or by the CFMG provided written notice of terminati by either party is given at least ten months in advance, effective on the August 1 immediately following the written notice.

Date Dec 7 1971

Wm. A. Sodeman MD

Dr. William A. Sodeman, Executive Director
Commission on Foreign Medical Graduates

Date Dec 7, 1971

Paul A Cook

Paul A. Cook, Director, Facilitative Services Staff
Bureau of Educational and Cultural Affairs
Department of State

DEPARTMENT OF STATE
Washington, D.C. 20520

December 27, 1971

TO : Responsible Officers of P-II Exchange-Visitor Programs

FROM : Paul A. Cook, Pac Director, Facilitative Services Staff, Bureau of Educational and Cultural Affairs

SUBJECT: Special Notice Regarding New System for Sponsoring Foreign Medical Graduates under the Exchange-Visitor Program

The purpose of this memorandum is to inform the Responsible Officers of "P-II" Exchange-Visitor Programs of a new system for handling foreign medical graduates (FMG's) in or coming to the United States for internship and residency training under the Exchange Visitor Program.

To assure more effective guidance and supervision of over 900 Exchange Visitor Programs which are currently authorized for training FMG's, the Department of State asked the Commission on Foreign Medical Graduates (CFMG) to assume the overall responsibility and sponsorship of training FMG's in the United States under an Exchange-Visitor Program designation.

The Commission is a non-profit organization dedicated to the solutions of problems of FMG's in the United States. It was activated in September 1970, and consists of representatives from the organizations listed on Page 1 of the attached document title "Historical Review of Events leading to the Formation of the Commission on Foreign Medical Graduates". The purposes of the Commission as stated in its Articles of Association appear on page 4 of the attachment.

In response to the Department's request, the staff of the Commission drafted a proposal and after review and comment by both the Department of State and CFMG, a basic memorandum of understanding was drawn up and approved by both parties. The essence of the memorandum of understanding is set forth below.

1. The Department of State has designated CFMG as the program sponsor with authorization to sponsor FMG's for internship, residency and specialized training. The effective date for assumption of the overall sponsorship of FMG's by the Commission is for the training year 1972-1973. Hence, any FMG scheduled to begin or to continue training on or after June 1, 1972 is to be documented through the Commission. In other words all DSP-66's for foreign medical graduates whose training year begins on or after June 1, 1972 will be issued by the CFMG. Hospitals will continue to issue DSP-66's for

all FMG's whose training year starts prior to June 1, 1972. Consular officers and officials of the Immigration and Naturalization Service will be advised that all foreign medical graduates who are either beginning or continuing internship or residency training under the Exchange Visitor Program after June 1, 1972 are to be documented by the CFMG. If, prior to the receipt of this memorandum, a Form DSP-66 was issued to a foreign medical graduate for training to begin on or after June 1, 1972, the Responsible Officer should inform the CFMG, giving basic data on the foreign medical graduate and the type of training involved.

2. Hospitals currently authorized by the Department to administer internship and residency training for FMG's through Exchange-Visitor Programs will be expected on the effective date to work through the Commission in all cases involving the admission, transfer, and extension of stay for interns and residents in Exchange-Visitor status. The Department will amend current hospital Exchange-Visitor Program designations in order to terminate authority to sponsor exchange visitors for internship and residency training. Hospitals will continue to sponsor all foreign personnel other than interns and residents currently authorized in their Program designations. Hospitals will also continue to have the option of submitting an H Visa petition to the Immigration and Naturalization Service for a prospective intern or resident.

3. To defray the administrative costs of sponsorship, the Commission will apply a modest charge of $30.00 per year directly to each FMG for the services which it renders. Services will include such items as counselling, verifying ECFMG certification, reviewing requests for extensions of stay, and processing Form DSP-66 (Certificate of Eligibility for Exchange Visitor Status).

4. The Commission will plan to work with those persons who are currently listed with the Department as Responsible Officers (or Alternates) for the various P-II Exchange Visitor Programs.

Benefits

Major benefits and services for the hospitals and the FMG's which are expected to result from the Commission's proposal are listed below:

a. Encouragement of the placement of FMG's in a wider spectrum of U. S. hospitals to provide a more well-rounded program of training. This training will take into account the needs of the FMG and his country, and the hospital.

b. Development of a mechanism to match more suitably hospital opportunities with the qualifications and goals of the FMG.

c. Eventual emergence as an agency to assist the FMG's in seeking placement and the hospitals in obtaining FMG's.

d. Development of preparatory training and orientation programs for FMG's to insure that they will receive maximum benefit from their training. This training would include such items as language, basic orientation in medical training in the U.S., and introduction to our culture and people.

e. Close consultation with the hospitals to reduce, if not eliminate, special problems currently encountered by FMG's and participating hospitals.

f. Development of a computerized data bank to insure efficient and effective placement of FMG's in U.S. hospitals.

g. Organization of short-term specialized training programs for highly qualified foreign physicians.

Initial Response and Potential Questions

In late September, an outline of the proposal was sent to the members of the Association for Hospital Medical Education who could be identified as having a P-II Exchange Visitor Program designation for review and comment. Approximately one third of the membership responded. With only a few exceptions, the members of the Association expressed enthusiastic support for the proposal.

The major questions posed by a number of the respondents are elaborated on below.

What role will the currently designated Responsible Officer (or alternate) have when the Commission's proposal is implemented? The Responsible Officer currently listed with the Department will be the person with whom the Commission will communicate on all matters relating to FMG's participating in the Exchange Visitor Program. The Responsible Officer will continue to select prospective interns or residents under whatever guidelines or criteria his particular hospital has established.

Will the new system cause an undue delay in processing the Certificate of Eligibility for Exchange Visitor Status (Form DSP-66)? The Commission is developing a computerized processing system and will be able to process a Form DSP-66 within three working days after receiving an application form from a hospital. Hence the total time elapsing between the date a hospital requests the Commission to issue a Form DSP-66 and the date on which the completed Form DSP-66 is returned to the hospital should be less than two weeks.

Should annual reports from hospitals be sent to the Department or the Commission? After the current year, annual reports will no longer be required from the hospitals. Since the Commission is developing a computerized system, a print-out will be sent by the Commission to each participating hospital at the end of each year giving a breakdown of the program. The hospital will be asked to report to the Commission on inconsistencies between the print-out and the hospital's records.

Will the FMG's be reluctant to pay the suggested $30 fee? The services which the Commission will render to the FMG's will more than offset the proposed fee. FMG's not wishing to come as Exchange Visitors have the option of using the "H" visa route.

Additional Information

In the near future the Commission will be sending all Responsible Officers detailed information regarding the new system. Thereafter, the Commission is prepared to convene a number of regional workshops if the Responsible Officers desire additional information.

CFMG plans to convene an annual meeting of all Responsible Officers to solicit suggestions as to how the FMGs' and the hospitals' interests can best be served by CFMG. CFMG considers that the Responsible Officers constitute an unique body of expertise on the problems of the FMG's which it can call upon for guidance in the development of future policies.

Representatives of the Commission also plan to attend the meeting of the Association for Hospital Medical Education and the Congress on Medical Education, scheduled to be held in Chicago during the first week of February. They will be available during these meetings to respond to any questions that you might have. In the interim, both Dr. William A. Sodeman, Executive Director of the Commission, and I would welcome any suggestions you might have for facilitating the implementation of the new system. The address of the Commission is 116 South Seventh Street, Philadelphia, Pennsylvania 19106.

Attachment:
Historical Review of Events
Leading to the Formation of
the CFMG

COMMISSION ON FOREIGN MEDICAL GRADUATES

SOCIETY HILL BUILDING
SUITE 620

116 SOUTH 7TH STREET
PHILADELPHIA, PA. 19106
215-WA 3-6262

WILLIAM A. SODEMAN, M.D.
Executive Director

HISTORICAL REVIEW OF EVENTS LEADING TO THE FORMATION OF THE CFMG

The Commission on Foreign Medical Graduates became active in February 1970. Organized December 31, 1969, it is supported by leading health organisations of this country. Representing these organizations: Dr. John Hubbard of Philadelphia, American Board of Medical Specialties; Dr. Madison B. Brown of Chicago, Illinois, American Hospital Association; Dr. Kenneth Sawyer of Denver, Colorado, American Medical Association; Dr. Henry van Zile Hyde of Washington, D.C., Association of American Medical Colleges; Dr. Angelo P. Angelides of Philadelphia, Association for Hospital Medical Education; Dr. O. Halsey Hunt of Philadelphia, Educational Council for Foreign Medical Graduates; Dr. Leo T. Heywood of Omaha, Nebraska, Federation of State Medical Boards of the U.S.; and Dr. James M. Whittico of St. Louis, Missouri, National Medical Association. Representatives of the public-at-large include George M. Foster, Ph.D., University of California; Mr. David Kruidenier, President and Publisher, Des Moines Register and Tribune; Howard A. Cutler, Ph.D., Institute of International Education, New York; and John S. Millis, Ph.D., Case-Western Reserve University, Cleveland, Ohio. The officers are: Dr. Leo T. Heywood, Chairman; Dr. Madison B. Brown, Vice Chairman; Dr. Angelo P. Angelides, Treasurer; and Dr. William A. Sodeman as Ex-Officio, Secretary. The latter is Executive Director of the Commission.

During the past 25 years FMGs have been coming to the U.S. in increasing numbers. It was in 1948 that the Smith-Mundt Act was implemented, providing for an educational exchange service. But the Federal Government and its agencies have shown little initiative for further implementation of the program or the initiation of further enabling legislation and funds. In the period since 1950 there has been a rapid and dramatic increase in the annual rate of FMG movement to the U.S., the acceleration being far in excess of projections. By 1955 it became evident that mechanisms for evaluation of foreign medical schools were inadequate and the development of the ECFMG took place to examine individual graduates of foreign medical schools to determine their acceptability for appointments as interns and residents in hospitals in the U.S., and to assist the State Medical Boards in their functions. Incorporated in 1956, the ECFMG began operation in 1957 and its first examination was given in March 1958. However, as important as the foundation of the ECFMG was, and has been in evaluating candidates, many problems remained.

In 1959 the Council on Medical Education called for the creation of a central agency to:

(1) Collect and disseminate information concerning the activities of the many groups now involved in this complex field.

(2) Coordinate these activities, and

(3) Provide the necessary services now missing.

The above memorandum, now 12 years old, resulted in invitations to 19 national organizations, including Federal agencies, for a two day Conference on International Educational Exchange for Medicine in Washington, D.C. in December 1960. These included most of the agencies now represented in the CFMG and a number of others.

The Steering Committee made a number of recommendations concerning the services which were needed. Among these were:

A. Utilizing FMGs in a wider spectrum of U.S. hospitals, thereby providing a more well rounded program of training. Such training would take into account the needs of the hospital, the qualifications and goals of the FMG, and the needs of his country.

B. Developing preparatory training and orientation programs for FMGs to insure that they receive maximum benefit from their training. This training would include such items as language, basic orientation in medical training in the U.S., and introduction to our culture and people.

C. Close consultation with the hospitals to reduce, if not eliminate, special problems currently encountered by FMGs.

D. Development of a computerized data bank to insure efficient and effective utilization of FMGs in U.S. hospitals.

E. Developing a mechanism to more suitably match hospital opportunities and needs with the qualifications and goals of the FMG, thereby reducing, if not eliminating, the growing crass commercialism in this field.

F. Organizing short term specialized training programs for highly qualified foreign physicians.

After a thorough examination of the question of creating a new agency or utilizing existing agencies, the Steering Committee concluded that the next logical step in implementing the eight recommendations was to expand the services of the ECFMG, since it was a going concern with a stable administrative organization and a sound financial structure. These recommendations were accepted in principle by the four sponsoring agencies of the ECFMG. However, at its December 13, 1961 meeting, the ECFMG Board of Directors concluded that the services listed above were inappropriate to the ECFMG.

In the report of the National Advisory Commission on Health Manpower to President Johnson in 1967, the following points are made with respect to the problems of foreign medical graduates:

(1) There is no single organization charged with the development, continuing guidance, or enforcement of policies concerning the education of foreign medical graduates or their entry into our systems of medical education and medical care.

(2) No program exists which provides reliable statistical information regarding the numbers, areas of origin, or present or future status of foreign medical graduates within the United States.

In the recommendations of the Panel, the following were included:

(1) A permanent, nongovernmental Commission on Foreign Medical Graduates should be established without delay, which should function to continually study and recommend solutions to the problems of foreign medical graduates in the United States and the operation of medical educational exchange programs. This Commission should consist of representatives of physicians, hospitals, educational institutions, licensing and examining boards, the Federal Government and the public.

(2) There should be established immediately a more effective method of collection, collation and dissemination of sociological and statistical information concerning activities of foreign medical graduates.

The Council on Health Manpower of the AMA took up the challenge of the report of the National Advisory Commission on Health Manpower and established a committee to investigate the possibility of implementing some of the recommendations of the Advisory Commission. The Council discussed the many problems and issues involved in the training of foreign medical graduates and restated the belief that a national organization was needed to coordinate the process of selection, guidance, orientation, and placement of foreign medical graduates in the United States. The Council met with the Board of Trustees of the Educational Council for Foreign Medical Graduates on May 25, 1968 to discuss the possibility of that organization's expanding its activities to include these functions. The position of the ECFMG was that, while it wished to be a part of a new commission to coordinate these activities, it did not wish to expand its present activities. As a result of this meeting the Committee on Health Manpower recommended to the AMA Board of Trustees that a conference be held to discuss plans for the organization and financial support of a new Commission on Foreign Medical Graduates.

The Council on Medical Education supported the recommendation and recommended that the American Medical Association in cooperation with the Association of American Medical Colleges, the American Hospital Association, the Federation of State Medical Boards, the various Federal Departments concerned, and other appropriate bodies, hold a conference to establish plans for the organization and financial support of a new Commission on Foreign Medical Graduates for the purposes summarized in the recommendations of the President's National Advisory Commission on Health Manpower and those of the AMA Committee on Health Manpower.

ESTABLISHMENT OF THE COMMISSION ON FOREIGN MEDICAL GRADUATES

Following the conclusion reached by the two Councils, as cited above, a Workshop on Foreign Medical Graduates was held at the Hotel Sheraton, Chicago, October 13-14, 1968.

The Workshop consisted of 35 persons, representing 19 private organizations and public agencies, including the AAMC, the AMA, the AHA, the ECFMG, the Kellogg and Rockefeller Foundations, the U.S. Government (State, Labor, Justice, and HEW), and the Public-at-Large. In general, it was concluded:

(1) That there does, indeed, exist a need for a National Commission on Foreign Medical Graduates;

(2) That such a Commission should be privately sponsored, and extra-governmental, but with appropriate governmental representation so that both the public and the private sectors will be involved in attacking the problems, and

(3) That a Steering Committee be established which would be representative of all U.S. interests and which would plan the overall program of the Commission, outline its duties and responsibilities, and submit a report to potential participants in the Commission by the end of January 1969.

The Steering Committee met on December 19, 1968, at the Statler-Hilton Hotel, Washington, D.C. It concerned itself with structure, membership, function, and financial matters of the proposed Commission. Each member present voiced opinions and concepts as they related to his own organization and to the general problems in the foreign medical graduates' field. The concept of a Commission as a free-standing facilitating mechanism evolved, with functions in the areas of an informational center, the evaluation of training programs, the development of new programs for foreign medical graduates, coordination of existing governmental and private activities, analytical studies, and advisory activities.

The Steering Committee on Formation of a Commission on Foreign Medical Graduates developed a proposal for the establishment of a Commission after extensive and fruitful discussions, distillation of ideas, and crystallization of thought.

A tentative charter for the Commission was first drawn up "to establish and maintain an independent corporate body to fully study and guide all activities which affect the FMG in the United States." The final report of the Steering Committee was sent to the various organizations for acceptance. All agreed to participation and the Commission was so structured and established with its purposes stated in the Articles of Association as follows:

(a) To promote improved medical education standards and levels of medical practice by:

(1) Assisting in the development of policies concerning the education of foreign medical graduates;

(2) Assisting in the development of policies concerning the entry of foreign medical graduates into the medical educational and medical care systems of this country and other countries;

(3) Providing information relating to foreign medical graduates that may be helpful to other countries in improving their systems of medical education and levels of medical practice and public health where necessary; and

(4) Providing for an interchange of information with hospitals and medical schools within and without the United States, the several medical licensing agencies and the foreign medical graduate in regard to the foregoing:

(b) To develop programs for data collection, study and evaluation of educational opportunities available to graduates of foreign medical schools and the activities of such graduates in the United States;

(c) To develop guidelines and programs to assist graduates of foreign medical schools when necessary in achieving an educational level that will permit them to participate productively in graduate medical educational programs;

(d) To study and recommend solutions to the problems of foreign medical graduates in this country and the operation of medical educational exchange programs; and

(e) To do any and all things necessary or desirable for the attainment of the pruposes stated above with the ultimate goal the preparation of reports on the studies and recommendations of the organization which will be directed to, and beneficial to, hospitals within the United States, medical schools within and without the United States, and the several medical licensing agencies within the United States and its possessions.

The above accounting indicates clearly that:

(1) Attempts to approach effectively the problems of the FMG, since the

formation of the ECFMG to carry out screening, have been made several time since 1961 and, after 10 years, remain unfulfilled.

(2) Organizations now active in some of the areas of importance are not carrying through effectively in the fields related to their basic activities. The Steering Committee was concerned about this fact and felt that an outside group might be helpful in stimulating further progress.

(3) The Steering Committee felt also that an existing organization aside from the ECFMG, if not functioning suitably in the area of its own concern, most likely would not be effective in extending its efforts into the area of activities of other organizations especially if the "territorial imperative" principle exists, as, for example AHME in licensure, AAMC in licensure, community hospital programs (70% or more of FMGs are in unaffiliated programs) or American Board endeavours, etc. It reestablished the need for an independent organization.

(4) The Commission, acting independently, can assume the functions needed, bring together representatives from these various organizations operative in segments of the field, stimulate further activities by others, and interrelate the problems.

Mr. CHAPMAN. The subject before you is complicated. We have tried to simplify this presentation; I hope that in the process, we haven't obscured it further.

With few exceptions, FMG's have come to the United States through three types of visas: the "J" visa (exchange visitor), the immigrant visa, and the "H" visa for distinguished visitors, temporary workers, or trainees.

The Mutual Educational and Cultural Exchange Act of 1961 provides the Secretary of State the authority to designate exchange-visitor programs under which foreign nationals may come to the United States temporarily for study, teaching, research or training. The underlying purpose of these programs is "to increase mutual understanding between the people of the United States and the peoples of other countries by means of educational and cultural exchange." This is the wording of the act itself.

Currently, there exist some 1,750 exchange visitor programs of which approximately 70 are sponsored by U.S. Government agencies or international organizations, and the remaining 1,680, by the private organizations and institutions. Each year, about roughly 50,000 exchange visitors come to the United States under these programs; of these, less than 3,000 have been foreign medical graduates, and the number of these has been decreasing in the last few years.

We believe the overall record of exchange visitors returning to their homelands has been good. In fact, less than 3 percent of all these visitors over the years obtained waivers of the 2-year foreign residence requirement of section 212(e) of the Immigration and Nationality Act.

We have, however, been concerned about the number of foreign medical graduates who failed to return home. For the 4-year period, fiscal year 1967–70, a total of 181,952 exchange visitors were admitted to the United States. Of these, waivers were granted to 5,912, roughly 3 percent, but 2,334 or 40 percent of this total were granted to foreign medical graduates.

The act of 1970, Public Law 91–225, removed the foreign residency requirement for all exchange visitors except those who were government funded or on the skills list. As a result, waivers under section 212(e) have sharply decreased since 1970, but there has been a dramatic increase in the number of exchange visitors who adjusted their nonimmigrant "J" visa classification to permanent resident status.

The majority of the exchange visitors adjusting to permanent resident status were doctors and nurses because most were not government financed or covered by the skills list and, therefore, not subject to the 2-year requirement, and because they were on the Department of Labor's "schedule A."

According to the most recent statistics, 70 percent of 9,513 exchange visitor FMG's in 1972 had become permanent residents by 1975.

Abuses and misuses of the program: The major abuses and misuses of exchange programs for FMG's are set forth in pages 7 and 8 of the prepared text.

Mr. EILBERG. Mr. Chapman, could you read an example of those abuses into the record? It would help to have them listed in the record.

Mr. CHAPMAN. The major abuses which were found to exist in the late sixties are as follows:

1. Certain hospitals, which did not have an opening in an AMA-approved program, were placing FMG's in nonapproved residency programs.

2. Some hospitals were creating special fellowship training programs to prolong the stay of the FMG's for a year or two beyond the time they completed their program objective.

3. With the exception of teaching hospitals, most hospitals were primarily concerned with the "services" which the FMG could render rather than with providing "training" opportunities for the FMG's.

4. The AMA did not withdraw the approval of internship and residency programs where hospitals failed to provide adequate orientation and training opportunities for the FMG's.

5. FMG's would often sign two or three contracts with different institutions, eventually accept the best contract offered, and fail to notify the other institutions which would end up with unfilled vacancies on July 1 when FMG-training programs begin.

And finally, there was a game called a "parley game," whereby the husband in a couple would begin training on a J-1 visa while the wife would be documented as a dependent on a J-2 visa. At the end of 4 or 4½ years, the wife would apply in her own right for a J-1 visa, and the husband would request that his visa be changed from J-1 (principal) to J-2 (dependent). As a result, the couple would be able to prolong their stay in the United States for 9 or 10 years instead of the maximum of 5 as set forth in the regulations governing the exchange visitor program.

Mr. EILBERG. Thank you.

Mr. CHAPMAN. To correct these abuses, the Department entered into an agreement with the Commission on Foreign Medical Graduates in December of 1971 whereby this commission took over the general management, supervision and documentation of all FMG's coming to the United States to pursue internships and residencies. The sponsorship which had previously been authorized for over 900 hospitals was thus assigned to a single commission. Background information on this matter is contained in tab 3 of the prepared text.

Parenthetically, in a merger involving this commission and the Educational Council for Foreign Medical Graduates, there was created 2 years ago the Educational Commission for Foreign Medical Graduates which is the single organization now responsible for sponsoring, counseling, and testing FMG's.

Mr. EILBERG. Can you give us the composition of the Commission on Foreign Medical Graduates?

Mr. CHAPMAN. At tab 3, Mr. Chairman, there is a historical review of events leading to the formation of the Commission on Foreign Medical Graduates.

Mr. EILBERG. Just the composition at this point would be sufficient.

Mr. CHAPMAN. Do you want me to read it off or place it in the record?

Mr. EILBERG. You may place it in the record, but we would like some description by you of the general composition of the commission, institutions included, what programs administered and the size of the commission.

Mr. **Chapman**. The Educational Commission for Foreign Medical Graduates is a separate nonprofit organization sponsored by the following organizations: The American Board of Medical Specialties; The American Hospital Association; The American Medical Association; The Association of American Medical Colleges; The Association for Hospital Medical Education; The Federation of State Medical Boards of the United States; The National Medical Association.

Mr. **Eilberg**. Thank you.

Mr. **Chapman**. Then, we come to the act of 1976—Public Law 94–484.

Public Law 94–484 established four new requirements for the entry of FMG's into the United States as exchange visitors:

1. Written agreement by an accredited school to provide graduate medical education;

2. Passage of parts I and II of the National Board of Medical Examiners examination or its equivalent as determined by the Secretary of HEW, as well as being competent in oral and written English.

Mr. **Eilberg**. Mr. Chapman, I apologize for interrupting, but this is a new field for the subcommittee, and I want to be sure that the record is complete and understandable to as many people as possible. Could you briefly identify parts I and II of the National Board Examination?

Mr. **Chapman**. I would like, Mr. Chairman, to defer that to the witnesses who I understand will follow from HEW because I am really not competent to discuss them.

Mr. **Eilberg**. All right. We have no objection to Mr. Cook or anyone else on the panel assisting you if the information is available to them.

Mr. **Chapman**. If you like, we can ask some of our colleagues from HEW to step up now.

Mr. **Eilberg**. No, we will wait.

Mr. **Chapman**. 3. Commitment on the part of the FMG to return home and written assurance by FMG's government that the FMG will be appointed to an appropriate position upon his return home.

4. Two-year limitation on medical education program in this country with possible 1-year extension.

In light of these new requirements and after extensive interdepartment discussions, blanket waivers were granted pursuant to statutory authorization until June 30, 1978, because an expected 15- to 20-percent reduction in the total number of FMG's available for training would cause in the words of the law "substantial disruption in the health services."

The Educational Commission for FMG's agreed to monitor the provision of the waiver setting a limitation on the number of FMG's who would come within the scope of the waiver.

A question has been raised of whether the waiver should be authorized beyond June 30, 1978, in order to give the unaffiliated hospitals time to comply with the new requirements. We are at present evaluating this question.

Mr. **Eilberg**. In any event, this waiver does not apply to the entrants we are talking about?

Mr. **Chapman**. No, just exchange visas; that is correct, sir.

Immigrant foreign medical graduates: The new law also includes other amendments of the Immigration and Nationality Act regarding the immigration of alien doctors through their professional qualifications. A new ground of ineligibility has been added to section 212(a) of the act. Alien doctors who are not refugees or who do not derive immigration status on the basis of a relationship to a United States citizen or permanent resident alien are precluded from immigrating unless they have qualified by (1) passing the National Board of Medical Examiners examination, parts I and II, or an equivalent examination as determined by the Secretary of HEW and (2) proving their competence in oral and written English.

Mr. Eilberg. Are you suggesting that alien doctors who are refugees may be admitted. Is this a loophole in the law? Can we expect doctors to be entering through the preference system classified as refugees?

Mr. Chapman. I would like to defer to Dr. Arias.

Mr. Arias. Mr. Chairman, doctors who are refugees would qualify as refugees. And it would be only if they met all the requirements as refugees.

That would also be the case that many doctors will qualify as preference relatives and, therefore, enter as immigrants, but on the basis of their preference which is derived from the relationship to American citizens or permanent resident aliens. So they qualify primarily on that basis not on the fact that they are doctors.

Mr. Eilberg. You do not see an upsurge of applications for refugee status from aliens who happen to be dotcors?

Dr. Arias. So far, nothing has materialized, Mr. Chairman. If anything like that should happen, then we would have to look into it seriously.

Mr. Eilberg. Thank you.

Mr. Chapman. This amendment in practice excludes the vast majority of FMG's from qualifying for immigration between the effective date of the law (January 10, 1977) and September 7-8, 1977. On this date a new visa qualifying examination which has been determined by the Secretary of HEW an equivalent examination for purposes of the statute will be administered for the first time.

Those alien doctors who had qualified for immigration prior to January 10, 1977, by having previously passed the then qualifying Educational Commission for Foreign Medical Graduates Examination became automatically ineligible for issuance of a visa because the new law made no provision to preserve the status of such doctors.

The impact of the new law on the immigration of FMG's after the visa qualifying examination becomes available to them is uncertain at this time. Some doctors who had intended to immigrate may be deterred because of the more rigorous qualifying requirements; others may be eliminated because they will be unable to pass the new examination. Only time and experience with this examination will demonstrate how alien doctors applying for immigration will fare.

With regard to "H" visas. Other amendments of section 101(a)(15)(H) of the Immigration and Nationality Act included in title VI of Public Law 94-484 exclude from classification as H-2 or H-3 nonimmigrant FMG's coming temporarily to the United States to perform services as members of the medical profession or receive graduate medical education.

The H-1 classification is available to alien doctors only if they come to the United States pursuant to an invitation from a public or nonprofit private educational or research instiution or agency in the United States to teach or conduct research at or for such institution or agency.

The Immigration and Naturalization Service has published regulations which in their effect preclude any direct patient care by these doctors.

In sum, the law virtually eliminates the use of the H visa as a vehicle for entry of FMG's into the United States. The result is that it forces alien doctors seeking entry for temporary work to apply for "J" visas.

Finally, general comments concerning Public Law 94-484.

Basically, the Department agrees with the general purpose and intent of the new law. It reduces the possibility of American hospitals using the exchange visitor program to fill their staffing needs with FMG's and of the FMG's using the exchange visitor program to circumvent the normal immigration channels. It makes all FMG's coming to the United States as exchange visitor for graduate medical education automatically subject to the 2-year foreign residence requirements of section 212(e) of the Immigration and Nationality Act. It eliminates the former waiver of the residence requirement by a "no-objection" statement from the FMG's government.

The new law, however, may, if too broadly construed, adversely affect many short-term exchange programs between American medical schools and their counterparts abroad. Often these programs involve an interchange of distinguished teachers, skilled surgeons, or prominent research scholars. Such FMG's should not be considered subject to this law.

The Department proposes to accommodate this type of FMG by requiring the dean of the responsible American medical school to certify that the exchange visitor will be primarily involved in teaching or research, that any patient care would be under the direct supervision of a faculty member, and that the FMG would not be given final responsibility and decision on the diagnosis and treatment of the patient.

The certification by the dean would be appended to the DSP-66 form issued to the FMG. We would welcome the views of this subcommittee on this proposal to amend the current regulations.

Public Law 94-484 also does not have a provision which enables the United States to undertake at the request of foreign governments specialized graduate training programs unless the FMG's involved meet the requirements of the new law which in effect prevents FMG's from engaging principally in patient care.

We anticipate that we shall receive such requests. We would like to be able to cooperate, provided that the foreign trainees are under the direct and continuing supervision of a qualified U.S. medical authority. The current law precludes us from doing so.

This concludes my summary statement. My colleagues and I would be pleased to answer any questions that the committee would like to ask.

Mr. EILBERG. Thank you, Mr. Secretary.

On pages 7 and 8 of your prepared statement, and as you also read into the record, you cited what I consider to be some very serious abuses of the FMG's exchange visitor program. Would you tell us which of the following bears some responsibility for this misuse of the program: 1. The State Department and, 2, the medical associations—namely, AMA and AHA, and 3, the ssponsoring organizations and institutions?

Mr. CHAPMAN. Mr. Chairman, I think this is the sort of situation where responsibility can be shared around. I would be perfectly happy to have us in the Department say we were responsible, but the basic issue throughout these years has been that the medical schools of this country have been unable to produce the numbers of graduates to satisfy the demand for doctors in this country.

And so we have had over the years conflicting forces at work. The principal force has been the demand on the part of hospitals for trained medical personnel. The new element in Public Law 94–484 is the finding that by 1980 our schools will be able to produce sufficient number of graduates to meet the needs of this country for doctors.

And once that happens, when there is a sufficient number of doctors, many of these problems will vanish.

Mr. EILBERG. Mr. Chapman, you said that all of the agencies I referred to were involved in abuses. Just pursuing that for a moment, for the record, who was primarily responsible? Which agency led the way, let us say, for diverting the exchange visitor program as applied to FMG's from its original purpose?

Mr. CHAIRMAN. I find it, Mr. Chairman, very difficult to point a finger at any one organization. It is just a basic fact of the situation that there has been over all these years concern for the lack of trained medical personnel. And today, this is still true.

As you know, we have received a letter that expresses a good deal of concern about the unaffiliated hospitals' ability to meet their staffing needs.

Mr. EILBERG. What are the respective responsibilities of the Department of State, the Educational Commission for Foreign Medical Graduates, and the sponsoring institutions in overseeing the operation of programs and insuring the policies underlying the program are fully carried out?

Mr. CHAPMAN. The Department of State has overall responsibility in that the Department issues the J visas or authorizes the issuance of J visas and designates sponsors.

However, the Department of State does not have the professional competence to make judgments on the programs themselves or how well these programs are being implemented.

The Educational Commission for Foreign Medical Graduates has the responsibility for making the professional judgments in this area.

Mr. EILBERG. On the issue of American hospitals using foreign medical graduates, doesn't the issue go further than the unavailability of doctors in the United States? Did not the hospitals in many, many cases take advantage of FMG's and use them as virtually indentured labor?

Mr. **Chapman.** Mr. Chairman, I have no basis to make a comment on this.

Mr. **Eilberg.** You looked in Mr. Cook's direction.

Mr. **Chapman.** Has this come up?

Mr. **Cook.** I would add to what Mr. Chapman said that prior to 1970, the only way in which a foreign medical graduate could enter this country for internship or residency training was either on an immigrant visa or on an exchange visitor program. And we realized there were many abuses taking place, but by the same token, it was the only way in which a foreign medical graduate could come in to get some training.

While there was a high degree of fallout in the foreign medical graduate category, many of these doctors did get good training and went back home. This was the only available opportunity for them to come in on a temporary nonimmigrant visa prior to the enactment of Public Law 91-225 on April 7 of 1970. This opened up the use of the H visas.

Mr. **Eilberg.** What I am speaking of are the reports we have constantly received that so many foreign medical graduates are being used to treat patients in hospitals and that these positions are not being occupied by American graduates of American schools.

And it seems to us that the exchange visit program has been abused. You are not being responsive to the condition that we have observed.

Mr. **Chapman.** I think our colleagues from HEW will be more competent to comment on it. I only would like to say that there is broad agreement among us to improve the overall quality of medical services. I know that this is a matter of particular concern to the Department of HEW.

Mr. **Eilberg.** What action has been taken by any of the parties involved in the exchange visitors program to correct abuses when they occur?

Mr. **Cook.** I think the major action taken by the Department of State was in 1971 when we entered into an agreement with the Commission for Foreign Medical Graduates. Having noted all of the abuses which are outlined in the prepared text, we made an agreement with the commission to monitor the various exchange programs and to stop many of the abuses which were taking place.

I would be inclined, Mr. Chairman, to say that there has been a marked improvement in the program since the Commission for Foreign Medical Graduates took over in 1971.

Mr. **Eilberg.** Can you identify that further? You have a broad statement that the abuses have been reduced. To what extent?

Mr. **Cook.** I will mention a few, Mr. Chairman, and I think Dr. Ray Casterline, who will be here representing the Educational Council for Foreign Medical Graduates, can probably elaborate more.

But we were able to prevent what we call the husband/wife "parley game" in which they would extend their stay for 9 or 10 years instead of the maximum 5 authorized by the law.

Second, the Commission for Foreign Medical Graduates was able to stop the abuse of the program on the part of the foreign medical graduates in signing two or three different contracts and accepting the best.

Another way in which I think they were helpful is to stimulate the Coordinating Council on Medical Education to begin to put teeth in the training programs that the various residencies were to offer foreign and American. There was too much emphasis in the past on service as opposed to training. I think the commission was instrumental in this regard.

But I think Dr. Casterline can probably elaborate much more effectively than I on this point.

Mr. EILBERG. What circumstances led to the heavy reliance placed on foreign medical graduates by public hospitals and mental health institutions particularly for house staffing and training purposes?

Mr. CHAPMAN. I mentioned just a minute ago that there has been a situation in this country ever since World War II where our medical schools have not for all sorts of reasons been able to turn out the number of doctors required by our developing society.

Mr. EILBERG. You have mentioned that some categories of bona fide exchange visitors may be unable to enter as a result of the new qualifications for exchange visitors. Can you comment on the extent of this problem in terms of administrative action to be taken to address this problem or is legislation required?

Mr. CHAPMAN. There is the problem of having foreign medical graduates either passing parts I and II of the Board of Examiners examination or an equivalent examination which is determined by the Secretary of HEW. And we understand that HEW now is preparing such an exam which will be given in September.

But until the foreign medical graduates are able to take this exam, then they will not be able to enter the country. And the problem may be very serious. There is an estimate that there might be as high as 3,000 vacant positions.

Mr. EILBERG. Did I understand you to say 3,000 positions?

Mr. CHAPMAN. Vacant positions under the operation of this law.

Mr. EILBERG. The question this subcommittee is concerned about at the moment is, if the examinations are to be given foreign medical graduates in September and if they are planning to enter graduate programs in September, in effect, they will not be entering in September because they have not passed the equivalent examination.

Mr. CHAPMAN. That's correct, sir.

Mr. EILBERG. The question of the subcommittee is then, can this be taken care of by regulation or is legislation necessary?

Mr. ARIAS. Mr. Chairman, under the use of the disruption provision until July 1, 1978, I understand that the exchange visitor doctors will be replaced, but on a one-for-one basis. But that means that many hospitals, many medical institutions, will be nevertheless short of doctors because the other doctors who are there as immigrants will not be replaced because, until doctors begin to pass those examinations, they cannot immigrate under the present law.

Mr. EILBERG. You are saying, then, that those foreign medical graduates who entered into agreements with institutions here and who want to come to enter graduate programs will not be able to do so this fall because they have not taken any equivalent examination which is not scheduled until September? As of this moment I understand there is no examination.

Mr. **Arias**. That is correct, Mr. Chairman.

Mr. **Eilberg**. The subcommittee is considering the needs of the hospitals. The question is: Should there be some relief, waiver exemption, possibly legislation, to address this immediate problem?

Mr. **Chapman**. Mr. Chairman, I think once again, this is a question that could be better put to the witnesses from HEW who are more competent to make a judgment on the needs, the requirements, of the hospitals and what relief is possible under the law.

Mr. **Eilberg**. Is Dr. James Dickson in the audience?

Dr. **Dickson**. Yes.

Mr. **Eilberg**. Dr. Dickson, we have a problem. Obviously, we cannot spend too much time on these matters. And as chairman, it would be difficult for me to repeat every question that is not being adequately answered. I am hoping you would be good enough where you can, to supplement the answers to those questions so that the subcommittee may be well informed on them. Is that agreeable?

Dr. **Dickson**. I will be pleased to.

Mr. **Eilberg**. With regard to exercising the substantial disruption waiver in Public Law 94–484, it freezes the number of foreign medical graduates in the exchange visitor programs to that number in such programs as of January 10, 1977. How will this ceiling be implemented?

Mr. **Chapman**. The Educational Commission for Foreign Medical Graduates which has a data bank has agreed to assume responsibility for overseeing this provision of the law. And as I understand it, the ceiling will be established by specialty and by hospital. There will be some flexibility as I understand it in that some hospitals will be able to trade positions.

Again, I think this is one subject if you want to probe into it, the educational commission could give you a more responsive answer.

Mr. **Eilberg**. I am going to repeat and extend the question to the Director of the Educational Commission and see if he can help us. And if not, I am going to ask Dr. Dickson once again to please note and speak to these questions.

The question is: Will there be a flexible allocation of exchange visitor slots to the various institutions or will each institution be locked into the number in their particular program as of January 10, 1977?

Mr. **Chapman**. As I mentioned, I think the Educational Commission is the body that has been charged with carrying out this provision of the law. And I think you will get a more detailed answer from them than you could from us.

Mr. **Eilberg**. I would observe that if the institutions are locked into the numbers that they had in January 10, 1977, it would appear that the program would be inflexible or not considerate of the needs of the particular institution. I would hope that it would just not be an automatic allocation to each hospital based upon the numbers they happen to have in January of 1977.

Mr. Chapman. That's quite right, Mr. Chairman. It is a matter of concern. We just have the law. And all of us, the HEW and the Educational Commission, ourselves, are trying to meet the problems as they arise.

Mr. Sawyer. On the new requirement, I understand the doctors are supposed to be competent in writing English as well as oral. It seems to me that would disqualify them for writing an American prescription. They are illegible.

Is there any special provision under which you can handle (a doctor for teaching and demonstration purposes), let's say, a visiting expert surgeon who is perhaps not particularly competent in either spoken or written English, but his skills are largely manual—manual in the sense of the demonstration of techniques and so forth?

Mr. Chapman. A distinguished surgeon could no longer enter under an H-1 visa. So he presumably would have to enter as an exchange visitor. And as an exchange visitor, in absence of substantial disruption waivers, if he had any responsibility for patient care of any sort, he would have to show competence in English as well as being able to pass the examination or an equivalent.

Mr. Sawyer. There is no special exemption provision giving you authority to handle that administratively? What I had in mind is supposing Dr. Christian Barnard, let's say, who may be controversial, but developed this heart replacement technique and so forth, and let's assume he was not competent in English, and institutions wanted him here perhaps with his team for demonstration of techniques. Is there a way they can do that?

Mr. Arias. The only way he could enter then would be if the Attorney General paroled him into the United States. Because under the present provisions, he would be ineligible. So parole would be necessary.

Mr. Sawyer. But there is the ability to get a waiver?

Mr. Arias. Only through the use of parole which would not be a satisfactory way for handling those cases.

Mr. Sawyer. One other thing. I have noticed out in the field, so to speak, that a good many of our institutions, psychiatric and otherwise, either on State or county levels and so on, which apparently are not highly desirable jobs from at least the bulk of the medical profession, a great deal of them are obviously foreign-educated doctors as it stands now, whether they are naturalized or here under some other basis.

I wonder what kind of an impact this will have on filling those kind of jobs in the medical profession.

Mr. Chapman. Sir, as I indicated, a basic judgment has been made by the medical profession, recognized by Congress, that by 1980, the medical schools in this country will be turning out enough trained doctors. And the presumption is that—and this is a basic presumption of the law as I understand it—by 1980, this should not be a problem.

Mr. Sawyer. Well, in 1968, as I recall, we turned out 9,000 medical graduates. And as I recall seeing figures somewhere, this last year, we turned out 14,000. So it is coming up.

About what level do they estimate we will have enough?

Mr. Chapman. As I recall, some 16,000, something like that, by 1980. I think HEW can give you more precise figures.

Mr. Sawyer. Is it then the estimate that because the proliferation of doctors at least up to the adequacy point of view our domestically trained doctors will be somewhat economically compelled to take some of these jobs that they eschew right now?

Mr. Chapman. I assume that is the assumption.

Mr. Sawyer. Thank you.

Mr. Eilberg. Mr. Chapman, the law is not clear as to which agency of Government has the responsibility for administering the waiver based on substantial disruption to the J. In your judgment, which agency has the responsibility for exercising the waiver for J visas?

Mr. Chapman. Mr. Chairman, the law is not specific on this point as I recall. What has happened is that ever since the law was passed, we on the part of State have had a number of meetings with our colleagues from the Department of HEW and with the Educational Commission for Foreign Medical Graduates and other representatives of the medical education community in this country.

Mr. Eilberg. And what conclusions have you made?

Mr. Chapman. The decision to proceed with this waiver has been a sort of collegiate decision to go ahead, recognizing the situation. And we all came to the same conclusions that such a waiver was needed, given the law.

Now, if you push me and say, "Well, who is finally responsible? Who can we hang?" I think it would be the Department of State because we handle the J visa, and we have final responsibility for issuing those visas.

Mr. Eilberg. Up until this moment, you have been uncertain and reluctant to state that it is the responsibility of the Department of State. Why is there this reluctance? I mean, this suggests to me nobody is minding the store.

Mr. Chapman. I am sorry, Mr. Chairman, I did not mean to convey to you that no one had any responsibility. I think the Department of State has a responsibility. I think the Department of HEW also has a responsibility. It is the dividing line between the two that is a little fuzzy.

But I think we have responsibility for properly managing the issuance of J visas and insuring it is in accordance with the law. And HEW has a responsibility with regard to some of the substantive issues in making judgments of requirements of the health needs of the country.

Mr. Eilberg. Mr. Chapman, would you agree no leadership is being shown in administering this very important law? This is apparent to this member. Whether it is State or HEW or someone else, the implementation of the law seems to be floundering. I am very concerned.

Mr. Chapman. I am very sorry if we have conveyed that impression. Because I think we have proceeded responsibly. As I say, we have had meetings in December, in January, in March, with our colleagues of HEW and with representatives of the medical education community. We have had lengthy discussions of all the provisions of this law and how we should proceed.

I think there is a general consensus among all of us on the facts of the situation and how we should proceed at this time.

Mr. **Eilberg**. What is the consensus about how you should proceed at this time?

Mr. **Chapman**. The consensus is that given the law and until a new examination can be given that the Secretary of HEW will declare to be equivalent to parts I and II of the examination that there is a serious problem in obtaining or allowing enough foreign medical graduates to enter this country this year.

Mr. **Eilberg**. So you are implying that HEW should be the lead agency in trying to properly administer this law.

Mr. **Chapman**. The law is, as I said, as I read it, a little fuzzy as to the areas of responsibility, but quite specific as to the responsibility of the Secretary of HEW for determining the equivalency of the board of examiners examination, parts I and II.

Mr. **Eilberg**. Can you tell us anything else about the discussions and consensus of ideas that these meetings have produced?

Mr. **Chapman**. We cited in our prepared statement some areas where there seems to be a consensus of concern with distinguished visitors who would come here on short-term programs. There has been concern involving the absolute prohibition on foreign doctors coming into this country who would have in any way any patient care responsibility.

It is often very difficult to teach without dealing with patients. And there has been uncertainty with regard to the exact impact of this law on the situation. The view is generally that we shall have to have more experience to be able to make more responsible judgments.

Mr. **Eilberg**. Mr. Chapman, you mentioned that it is your conclusion HEW provides the leadership for determining the nature of the equivalent examination. There are so many other aspects of the law. Which agency has the responsibility for exercising the waiver provision?

Mr. **Chapman**. As I indicated, the way we proceeded is in a collegiate fashion, but the Department of State must have, I think, ultimate responsibility in that the Department of State issues the J visas.

Mr. **Eilberg**. I must observe that, Mr. Chapman, there seems to be to me at least a lack of collegiate sharing. We are facing this frightful situation with no equivalency examination in sight until September. There is a possibility that there might be a real shortage of graduates from foreign medical schools who may indeed be unavailable because HEW or State is not moving rapidly enough. This is my concern.

There seems to be a lack of leadership in spelling out the purposes of that law.

Mr. **Chapman**. At State, we called meetings in December and January and March with all those who are interested in the subject. So I believe that we are proceeding as responsibly and as quickly as possible.

Mr. **Eilberg**. We have witnessed a shift in the source of foreign medical graduates since 1965 from the developed to the developing countries. To what extent is the Department of State considering the "brain drain" issue and should we as a matter of public policy continue to admit such a large number of FMG's from developing countries when there is such a need for them back home?

Mr. **Chapman**. The matter of a brain drain has been the subject of concern, as you know even better than I do, Mr. Chairman, for as long as I have been around, which is over two decades. And there has never been really a satisfactory answer to the conflict between the general view in this town that we should not encourage the brain drain from developing countries and the conflicting requirement of providing competent medical personnel in this country.

In this particular area over which you are having these hearings, I think our judgment is that the issue will not be solved until the American medical schools turn out enough doctors to meet the needs of our society.

Mr. EILBERG. Even though there may be great need for these doctors back home?

Mr. CHAPMAN. That's right. We have had in previous laws this requirement of having to go back at least for 2 years before they could immigrate to this country. And you know the pressures that develop to have such provisions waived.

Mr. EILBERG. Has the Department of State received any feedback from other countries expressing concern over the emigration of their alien physicians to the United States?

Mr. CHAPMAN. Not in recent years. As I recall, some years ago, there was concern expressed by India among other countries. But this is one of the ironies in the case. The law provided a waiver whereby a foreign medical graduate could remain in this country if his government said it had no objection. And that was by and large the quickest route for granting exemption to the 2-year requirement through the certifications by the governments.

So it is a little difficult for the United States Government to be holier than these other governments of countries where we believe there is a problem.

Mr. EILBERG. Mr. Sawyer?

Mr. SAWYER. Earlier I asked you about a foreign doctor who was not, let's say, competent in English under whatever standards are set, but who had great skills as, let's say, a surgeon.

Could that situation, if it was deemed by this committee to be something that needed to be cured so that there would be availability of institutions are universities to bring in that kind of a team for a semester or a year's demonstration, if it is something that would require correction, would it be corrected in your view by regulations by your Department or would it take a change in the law?

Mr. ARIAS. I think it would take a change in the law, Mr. Sawyer. We could do it as I mentioned before by the use of the Attorney General parole which would, I imagine, be a very unsatisfactory solution.

But under the present provisions, we could not arrange by regulation of such a situation.

Mr. CHAPMAN. As we indicated in the statement, sir, the H visa, for all practical purposes, is no longer a channel for bringing in doctors, including distinguished physicians and surgeons.

Mr. SAWYER. I presume the thrust of the law, tightening it up in anticipation of our producing an adequate number of doctors domestically is basically then one of underlying economic protection of the medical profession, I presume. Would you think that was probably correct?

Mr. CHAPMAN. I don't think I can comment on this matter.

Mr. **Sawyer.** Perhaps as serious a problem confronting us as the number of doctors is the cost of doctors and the cost of the delivery of medical services in general. And we make tariffs, import duties, but here we are embargoing imported skills in an area where we face nothing, but a tremendous escalation in cost.

And I wonder if it is in the national interest to tighten that up as opposed to just being in the interests of the medical profession.

Mr. **Chapman.** I find it very difficult to make a competent judgment in this regard. It is really outside our field as to what are the medical needs of this society and what are the prospective graduates from our medical schools over the next few years.

All I can say is that the judgment has been made. What the motivation is, I certainly don't think that we are competent to make a judgment on that.

Mr. **Sawyer.** Thank you.

Mr. **Eilberg.** Mr. Chapman, I think that would conclude our questioning at this point. And we thank you very much and your colleagues for being with us this morning.

Mr. **Chapman.** Thank you very much, Mr. Chairman. I appreciate being here.

Mr. **Eilberg.** Our next witness this morning will be Dr. James Dickson, Acting Assistant Secretary for Health, accompanied by Harold Margulies, M.D., Deputy Administrator, Health Resources Administration, DHEW.

Before you begin, Dr. Dickson, I want to assure you that we are deeply concerned with the administration of this law and that our subcommittee and staff have received many, many questions, complaints, from around the country. We are very anxious to see that it is quickly and efficiently administered to the extent that all the agencies involved have the power to do so.

We would like to know because of the current impracticality, whether regulations will suffice. Are they necessary? Is legislation necessary?

TESTIMONY OF JAMES DICKSON, ACTING ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY HAROLD MARGULIES, DEPUTY ADMINISTRATOR, HEALTH RESOURCES ADMINISTRATION, DHEW

Dr. **Dickson.** Thank you, Mr. Chairman.

Before I begin, I would like to make a general clarifying statement. Our view of the administration of this manpower legislation is that in the most basic sense, the Secretary of the Department of Health, Education, and Welfare has the major responsibility for the enacting items that are pertinent to making that law operant in both the short haul and long haul.

The recommendation is then placed before the Department of State whose part in this overall process is to concern itself with issuances of one sort or another, passing on the recommendations of the Secretary of the Department of Health, Education, and Welfare.

However, after the initial policy and action determinations by the Secretary and issuances by the Department of State, the basic responsibility for administration in the final end line lies with the Justice Department as it surveys and monitors J visas and the like. So that is the way that we view the responsibilities for administration of this law. I will discuss this further as I go along. Please come back to it as you choose, but I thought I would address myself to it before I begin.

Mr. EILBERG. Thank you, doctor. Please proceed.

Dr. DICKSON. Thank you.

I am accompanied today by Dr. Harold Margulies, Deputy Administrator of the Health Resources Administration.

I have a formal statement that I would like to submit for the record and just summarize it if that is satisfactory to the Chair.

Mr. EILBERG. Without objection, the statement of Dr. Dickson will be placed upon the record.

Dr. DICKSON. Thank you.

[The prepared statement of Dr. Dickson follows:]

STATEMENT BY JAMES F. DICKSON III, M.D., ACTING ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mr. Chairman and members of the subcommittee, I am pleased to be here today to present the Administration's views on the issue of foreign medical graduates (FMGs) in the United States and the new restrictions placed on their entry into this country under the provision of Title VI of the Health Professions Educational Assistance Act of 1976 Public Law 94-484).

BACKGROUND

Foreign-trained physicians have recently become an issue of major concern. For the past twenty years, the influx of physicians to the United States who have not been trained here or in Canada has steadily increased. A combination of changes in the provisions in the Immigration and Nationality Act of 1965, a surplus of graduate medical education opportunities and a relatively high income potential contributed to that increase. The profound influence that foreign physicians have had on the total physician supply in the United States can be measured by the fact that between 1963 and 1973, approximately 65 percent of the net increase in the physician to population ratio in the United States is attributable to alien physicians trained in foreign countries. In 1972 (a peak year), 46 percent of new licenses to practice medicine issued in this country were issued to foreign medical graduates. In fact, almost 50 percent of the practicing physicians in several States have been trained abroad. Nationwide, approximately one-third of the graduate medical education positions, internships, and residencies, have been filled by foreign graduates in recent years.

Curriculum content and standards of education in different medical schools around the world vary considerably. Thus, FMGs coming to the United States comprise a highly heterogeneous group and demonstrate an equally wide range of professional competence. The growing number of FMGs in the United States and their performance on ECFMG State licensure and specialty certifying examinations have highlighted questions about the equivalency of their educational preparation with that available to United States medical school graduates. Questions have also been raised concerning their performance in the delivery of health care. This assessment applies particularly to those FMGs who receive their basic medical education in languages other than English or in cultures dissimilar to that of the United States.

Whether the FMG enters the United States health care system as an exchange visitor, an immigrant, or as a returning United States national who has studied medicine abroad, his point of entry is almost invariably at the graduate level of medical education, the hospital internship or residency. Graduate educational positions in the United States have far exceeded the number of United States and Canadian graduates enrolled in residencies. Many of the programs to which FMGs gain appointment emphasize service activities with minimal attention to an educational program designed to meet their special educational needs.

Also, doubts have been raised about the appropriateness of the present ECFMG examination both as a test of the readiness of FMGs to benefit from this graduate educational experience and as an adequate safeguard of the health and welfare of patients. In effect, different standards now exist for USMGs and FMGs for admission to graduate medical education.

In order to meet demand for physician service in some hospitals and in institutions providing long-term, chronic care, particularly State institutions, a large—but inexactly assessed—number of FMGs have been employed under limited or temporary medical licensure arrangements. Some of these FMGs have failed to obtain ECFMG certification or to meet State licensure requirements for unrestricted medical practice. Many are serving the institutional staff physicians presumably under professional supervision or in a variety of paramedical capacities yet their prospects are severely limited in obtaining the credentials of a physician fully qualified to practice independently.

Finally, the Immigration and Nationality Act, as amended in 1965 and 1970, has had a major impact on the migration of FMGs to the United States. The termination of the National quota system previously in effect opened avenues to entry to the United States for physicians trained in countries where, even in the face of major unmet health needs, the available physician supply exceeds effective economic demand. Secondarily, preferential immigration status has been assigned to medical and to some related health professions thought to be in short supply in the United States. Thus, physicians from these developing countries, some of which are among the poorest in the world, have been encouraged to emigrate to the United States without adequate regard to the appropriateness of their professional education. Based on current data, physicians migrating to the United States each year represent about one-quarter of the annual output of all of the medical schools of the world outside of the United States, the People's Republic of China, the U.S.S.R., and the socialist countries of Eastern Europe.

Stimulated by these and similar facts as to the numerical impact of foreign-trained physicians on the active physician supply in the United States, various governmental and nongovernmental organizations began policy analyses of the issue. Reports were generated by the Coordinating Council on Medical Education (whose parent bodies are the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, the American Board of Medical Specialties and the Council on Medical Specialty Societies), the National Security Council's Subcommittee on International Exchanges, the Department of Health, Education, and Welfare, as well as others. Although the recommendations for action differed in their specifics, the direction of all of the reports and analyses was similar. Consistently, there was concern that the qualifications of United States and foreign-trained physicians be comparable. Furthermore, many of the reports recommended the deemphasis of preferential admission of foreign physicians, the improvement of the screening process for admission of foreign-trained physicians to graduate medical education programs, and a revision of the Exchange Visitor Program.

The Congress addressed these concerns when, on October 12, 1976, the Health Professions Educational Assistance Act of 1976 (Public Law 94-484) was enacted. This legislation represents extension and modification of health professions assistance provisions in Title VII of the Public Health Service Act. In the past, such legislation has been limited to various forms of financial support to health manpower education institutions, programs, and students. As you know, in this Act, amendments were made to the Immigration and Nationality Act which will significantly affect the influx of foreign-trained physicians into the United States. Many of the changes were based on the recommendations and analyses in the reports I just mentioned.

FOREIGN MEDICAL GRADUATE PROVISIONS OF PUBLIC LAW 94-484

I would like to very briefly review these new provisions and discuss the possible impact of these provisions on the supply of physician manpower to this country. Under the provisions of Public Law 94-484, physicians coming to the United States to perform service as members of the medical profession are excluded from obtaining temporary worker (H) visas unless they are coming to teach or conduct research at the invitation of a United States education or research institution. The Exchange Visitor Program (J visa) is modified significantly so that an alien coming to the United States to receive graduate medical education must participate in a program sponsored by a United States school of medicine or other health professions school, and have passed Parts I and II of the National Board of Medical Examiners examination or an equivalent examination, which I will discuss later. The exchange visitor must also demonstrate competence in oral and written English, an ability to adapt to the educational and cultural environment of the United States, an dmake a commiment to return to the country of origin upon completion of education in the United States. Participation as an exchange visitor in educational programs in the United States is limited to 2 years with the provision for possible extension for 1 additional year; however, very few residency programs are for only 2 years.

The Immigration and Nationality Act is also amended with respect to the eligibility of alien physicians to immigrate to the United States. Alien physicians who do not have specific family relationships to United States citizens or permanent residents are ineligible for immigration unless they pass Part I and II of the National Board of Medical Examiners examination (or an equivalent), and demonstrate oral and written competence in the English language.

As a result of these changes, it is estimated that permanent immigrant visas issued to physicians could be reduced in the next year to about one-third of the number previously issued. Most of these permanent visas issued after January 10, 1977, are likely to be issued to individuals with close family ties. Over the past 6 years approximately one-third of the permanent immigrant visas issued to physicians have been on the basis of the family preference.

With the use of the National Board examination Parts I and II (or an equivalent test) as the screening examination for the Exchange Visitor Program and the other additional restrictions, it is likely that the number of individuals admitted to the Exchange Visitor Program each year will also be significantly reduced. Based on analysis of performance of FMGs, on examinations which utilize the same question bank as the National Board Examination, the National Board of Medical Examiners has estimated that the expected pass rate for FMGs taking NBME Parts I and II would be approximately 20 percent. While the correlation is not direct, the impact of requiring NBME Parts I and II for immigration and exchange visitor visa issuance, could be a reduction of up to 80 percent in the number of FMGs entering the United States.

These FMG provisions of Public Law 94–484 will immediately affect the staff of hospitals in this country. As I mentioned earlier, approximately one-third of all interns and residents are foreign-trained physicians. Many of the alien house staff are in large urban, public hospitals and are clustered in certain specialties, particularly anesthesiology, pathology, and radiology. Until the equivalent examination is administered, many of these hospitals could face a choice of either replacing the services with domestically trained personnel or making a serious cutback in services. There appears to be a like problem in some non-urban areas which in the past have sought FMG services.

The Congress recognized the problems likely to be created in some hospitals by virtue of a precipitous implementation of the new exchange visitor requirements. A waiver was provided for aliens seeking to participate in an accredited program of graduate medical education if there would be a "substantial disruption in the health services provided in such program" because the alien, failing to meet the new requirements, was denied admission. In granting such exemptions, the Attorney General is constrained to limit the total number of aliens on "J" visas participating in such programs to the total number participating on January 10, 1977. Under the law, this waiver provision can be utilized until December 31, 1980.

Because of the significant impact of the changes in the exchange visitor program on the delivery of health services over the next year, the Department felt it was important to minimize the negative impact in the first year and to phase in an adjustment to the new requirements in the next three years. Thus, we advised the Department of State that the decrease in the number of FMGs in graduate medical education programs will cause a substantial disruption of health services and recommended that an exemption be granted for one year to each program provided that the number of exchange visitors in such programs does not exceed the comparable number on January 10, 1977. This "blanket" waiver will be granted until July 1, 1978.

The principle reason for recommending this "blanket" waiver for one year is that the National Board of Medical Examiners examination Parts I and II are not given outside the United States and an equivalent examination cannot be made available until late 1977.

The Department has asked the NBME to develop an equivalent examination which will be referred to as the Visa Qualifying Examination (VQE). It will be administered cooperatively by the National Board of Medical Examiners (NBME) and the Educational Commission for Foreign Medical Graduates (ECFMG). The VQE will be offered annually with the first examination scheduled for September 7 and 8 of this year.

To be eligible for the VQE, an alien physician must have passed the ECFMG English test within the two years preceding his taking of the VQE. The ECFMG also plans to administer a special English test in May.

There is concern that even with the "blanket" waiver, health services provided by many hospitals may be disrupted next July (when most of the programs begin). However, an accurate estimate of the potential impact of the new law cannot be made until data are available on the number of physicians servicing in hospitals by visa category, by specialty, and by institution. The Department has requested that the American Hospital Association (AHA) collect such information on the present situation and again on the situation in July.

Such information will be used by the Department in developing a three-year "phase-out" plan for use of the waiver provision. A definition and criteria for "substantial disruption" of health services must also be developed for that plan.

In the meantime, the hospitals must be encouraged to immediately seek alternative means of fulfilling the patient care functions now performed by FMGs in graduate training. Alternatives to the use of nonfully licensed FMG physicians employed in State mental institutions must be reexamined.

A distinct but related problem created by Public Law 94–484 is its effect on foreign biomedical researchers. The Department has a number of international programs that bring to the United States senior Ph.D.'s and M.D.'s for research and teaching as well as other Ph.D.'s and M.D.'s for research and research training. At the National Institutes of Health, in particular, there are exchange agreements with many countries including the U.S.S.R., Japan, Egypt, France, and Italy. The FMG's who come here under the auspices of these programs primarily engage in research, teach, or receive research training. However, some inspection and/or diagnosis of patients often occurs, especially in clinical research settings. We believe it was never the intent of Congress to preclude these individuals from entering the country to participate in these programs.

At this point we would like to bring to the Subcommittee's attention some of the factors which should help to alleviate the immediate problem of substantial disruption.

Secretary Califano has just approved this week a proposal that aliens graduating from an accredited Canadian or United States medical school may qualify for a visa.

There are several domestic health manpower supply factors which can, in time, alleviate the present dependence on FMG's in hospitals. The number of graduates from United States medical schools has increased from 7,409 in 1965 to 13,561 in 1976. The number is expected to reach in excess of 16,000 by 1980. There have been similar increases in the supply of registered nurses and physician extenders.

Two additional sources of health professionals to help alleviate this gap could be the reentry of Americans studying in foreign medical schools and the increased numbers of National Health Service Corps personnel.

Replacing FMG's with United States medical graduates or with other health professionals is but one method. Restructuring within the health care delivery system can also be considered. Because of the complexity of the issue and the multiple interests involved, it is unlikely that any restructuring could be accomplished quickly or under a unified plan of action. There is no easy solution. Restructuring is evolving gradually through such remedies as the Professional Standard Review Organization (PSRO) program which is increasing the efficiency of medical care covered by the Federal health financing programs and the strengthening of certificate of need laws, which will assure a better utilization of health dollars. The remedies should be based on studies of productivity and efficiency and task analysis. Demonstrations of variations in manpower mixes, practice settings and facility utilization are also being considered.

The Department will make every effort to insure that the new legislation is implemented as the Congress intended and, at the same time, attempt to address

the consequences of long overdue policy changes regarding the immigration of FMG's.

This concludes my prepared statement, Mr. Chairman. My colleagues and I will be pleased to try to answer any questions which you or the other members of the Subcommittee may have.

Dr. DICKSON. Mr. Chairman, first I would like to make a comment about the position of our Department and many of the things that we have been doing since October 10, when this law went into effect.

We agree with two basic objectives of the legislation which are to upgrade and to safeguard the quality of medical care in this country. We are requiring essentially that foreign physicians who would actually care for our patients would have to meet the same standards that our own American doctors must meet.

The second objective we are in agreement with—referred to here a few moments ago—the necessity to reduce the drain of foreign physicians away from their own countries.

I think that the short-term solutions that we might embrace of one form or another should not compromise these basic objectives of the law. It is within that frame of reference that we have been operating in the Department today.

At the same time, I think that we must insure that no hospital has its patient care capability compromised because of what you might call temporary hitches in phasing in of the new standards that are required by the law.

The foreign medical graduate provisions of the law will immediately affect the staff of hospitals throughout the country in that approximately one-third of all the interns and the residents are at this time foreign-trained physicians, and many of the alien house staff are in large urban public hospitals. They are well clustered in important areas such as anesthesiology, radiology, pathology, and physical medicine.

Until the equivalent examination which is now being developed is administered, many of these hospitals could face a choice of either replacing the services with domestically trained personnel or actually making service cutbacks.

Mr. EILBERG. Dr. Dickson, may I interrupt at that point?

Dr. DICKSON. Yes, sir.

Mr. EILBERG. You mentioned the aliens are concentrated in certain fields of specialty. Can you tell us why this is so?

Dr. DICKSON. I think in part it is a "pull through" phenomena that there are needs in these areas in our hospitals because of the increasing demand on the part of the public for health care services, the increased perception on the part of the American public that quality health care should be available to them. This demand is reflected in procedures both diagnosis and treatment that require a volume of expertise in particular areas such as anesthesiology to back up surgery, radiology to back up diagnosis, and pathology in the end to determine just what is going on with the disease processes.

So in part, it is a "pull through."

Mr. EILBERG. These specialists, the anesthesiologists and the others that you mentioned, it is my impression that financally they do very well. I just don't understand why there are the shortages in these areas when the attraction should be for graduates of American medical schools. Why the concentration of alien doctors in these specialties when the income certainly is very attractive?

Dr. **Dickson**. Well, I think it is primarily to a volume "pull through." There are some American physicians who don't care to be in those specialties. There is another feature of it that in these specialties, they don't necessarily require extended expertise in the English language in order to perform. I think they find they can make their way there and do an important job.

Mr. **Eilberg**. Please proceed.

Dr. **Dickson**. I was saying something about the trouble in the large urban hospitals. Also, there is a similar problem in some of the nonurban areas which in the past have sought foreign medical graduate services. We are seeing this now in west Texas, Nebraska, and in other areas.

Now, Congress has recognized the problem that is likely to be created in some hospitals if there was a precipitous implementation of the new exchange visitor requirements in the law. A waiver was provided for aliens seeking to participate in an accredited program of graduate medical education if there would be a substantial disruption in the health services that are actually provided by such a program because an alien failing to meet the new requirements was in fact denied admission.

Mr. **Eilberg**. Doctor, at this point, we are talking about the waiver that might be provided to the exchange student?

Dr. **Dickson**. Yes.

Mr. **Eilberg**. In your view, is there any discretion in perhaps granting a waiver to the immigrant foreign medical graduates?

Dr. **Dickson**. Well, I think in many ways, that comes to be the high question of our meeting today.

Mr. **Eilberg**. Right.

Dr. **Dickson**. We have discussed that at length over the past several months, and we are now exploring alternatives, recognizing at the same time, of course, that time is short in the sense that it is July 1 of this year when that pocket void begins to appear for a year. It isn't, I might say before making a comment about some possible alternatives to resolve that, clear at this time what the extent of disruption will be. Although there are differences of opinion, it is perceived by some that it would, in fact, be a serious problem. And in that sense, we have been considering what might be done about it.

Now, one alternative might be to seek relief by modifying the actual immigrant provisions. We are however, at this time opposed to such an approach because in this instance, we are looking for temporary relief.

And as I said in my initial remarks here, we feel that over the long haul, we want to stand by the basic tenants that lie behind the law itself and the intent in Congress in producing this law.

Mr. **Eilberg**. I want to ask you a question on the matter you just covered.

Is there any flexibility in Public Law 94-484 which would allow HEW to utilize FLEX or ECFMG exam or some other qualifying device for those who planned to enter in July of this year? If administrative action to respond to this problem is illegal or improper, should Congress enact appropriate remedial legislation?

Dr. DICKSON. That is an important part of this question. I think to continue on a bit here—I will get directly to that. If we allowed foreign physicians who don't actually meet our quality standards to enter, they will then be here permanently. In this sense, they may be delivering low quality care long after the temporary problem that will exist in the coming year from July to July and long after those temporary problems have been overcome, they will still be here.

In addition, as immigrants, we also feel that they would not return to deliver care in their own country which may in fact need them badly. However, having said that, I think we then come to a possible alternative if it proved to be necessary, which would be to temporarily relax the limits on the number of foreign physicians who could enter on the J visas for residency training.

Now, this would enable us to issue J visas in excess of the current cap or limit that has been placed on them up to the number that is required to meet the needs of any substantially disrupted hospital. In doing this, we feel that there should be two safeguards in the process. First, no hospital would be permitted to have more foreign medical graduates in its training program during the year beginning in July than it had when a provision of this sort went into effect on January 10 of this year. And second, the Department would phase down the number of foreign medical graduates that hospitals could bring in on July first of succeeding years in order to help them prepare for what will be the end of the waiver authority in December of 1980.

Now, we think this is a possible approach. Essentially, it amounts to taking the cap off the top of the present plan for dealing with the J visas. However, this whole manpower business is a can of worms. And when you press it one place, it pushes out some place else.

There are many complexities that relate to the short term and the long term needs with respect to medicine in the country. We feel we have to be very careful how we proceed and also to proceed to treat the short term problems in the spirit that was intended by the Congress when it enacted the law last October.

For example, I think a major problem is if it was determined that it was purposeful to proceed along the lines I have just discussed, there would be great difficulty with the definition of what actually constitutes "substantial disruption."

I would stop there for a moment. And I think what I have suggested is a possible route. I have indicated our sensitivity to the complexities and also to the fact that we think there would be many problems even with a suggestion like this.

Mr. EILBERG. Dr. Dickson, we will have to interrupt because we have a record vote, and the subcommittee members who are here will go over and vote and come back as quickly as we can.

[Whereupon, a recess was taken.]

Mr. EILBERG. The subcommittee will resume.

Dr. Dickson, before proceeding in your remarks, just before we left, there was a suggestion, I believe, which would be to lift the cap or ceiling on the J visas, the exchange students. My question is: What would that accomplish?

If what we are trying to do is provide some order and place some reasonable lid, what you are suggesting is just contrary to the intention of the legislation. As yet, you haven't addressed the other problem which is: what about providing a waiver or does HEW have the authority to do so? Does the executive branch have the authority to provide a waiver to the immigrants?

Dr. DICKSON. No; we don't have that authority for the immigrants. But you may have been quite correct; but I didn't understand as you came back in your first remarks about what we were suggesting wasn't in keeping with the law. I would like to respond to that.

Mr. EILBERG. Well, all right. The J's will be coming in increased numbers.

Dr. DICKSON. Maybe I wasn't clear. There is a cap set on the number of J's that can come in as the waiver allows you to place one for one in a program, so you are sort of limited in numbers. If you take the cap off that, then those foreign medical graduates can be used in the urban and in the rural areas where they are needed.

Mr. EILBERG. And I say wouldn't this perpetuate the abuse of the exchange visitor programs?

Dr. DICKSON. Yes; it would indeed. It is a short term solution; you are quite correct.

Mr. EILBERG. I am not sure that we favor that approach. That is why I am hesitating.

Dr. DICKSON. I think that is why I indicated it presents many problems for us.

Mr. EILBERG. Can I just ask another question before you proceed with your outline? I asked before, and I must ask again—is there any flexibility in Public Law 94-484 which would allow HEW to utilize FLEX or ECFMG exam or some other qualifying device for those who had planned to enter in July of this year?

Dr. DICKSON. For those who planned to enter?

Mr. EILBERG. Yes; as immigrants.

Dr. MARGULIES. Mr. Chairman, there are some problems. In theory, the Secretary could choose a variety of examinations which are equivalent to the National Board of Medical Examiners. When we looked at this question, there was general agreement particularly on the part of the national board which creates the examination that neither FLEX nor the ECFMG is in fact equivalent. Furthermore, the FLEX examination is one which has been devised for State licensure. It would, therefore, require the agreement on the part of those people who are concerned with it as a State licensing examination for its utilization. So in a technical sense, it couldn't be used.

Finally, there would really not be time between now and July 1 for any other kind of an examination to be set up, distributed around the world, made available to people, and to have them go through the rest of the procedures in order to get here.

Getting back to the original question, these are not considered equivalent to national boards parts I and II.

Mr. EILBERG. Yet, in your remarks, Dr. Margulies, you suggest there is disruption and we are in a critical period. Do you think that you could speed up the preparation of that examination and disseminate it around the world? Is there any waiver or exemption?

Dr. MARGULIES. Mr. Chairman, I am not at all sure there is that extensive a disruption as you have heard here. We don't know how bad it will be in July.

I would like to point out this issue is not new. It is an old and difficult question which, in fact, if I may have a moment of personal comment, was the burden of my statements as a private citizen testifying before this subcommittee in 1969 when the issue was essentially the same as it is at the present time.

We are in a mess for having misused this kind of a program with exchange visitors—for example, for having created excessive dependence on foreign medical graduates.

The bill which Congress passed is a reasonable one, and we are not going to get out of that kind of a mess without some lumps. It isn't going to be easy. I think that the Department of HEW, and our agency in particular, is doing an excellent job of managing this transaction in difficult times. We are well on schedule.

Mr. **Eilberg**. Are you on schedule? Why won't the equivalent examination be ready by July? Why September?

Dr. **Margulies**. Quite simple. This legislation was passed in October. Thereafter, there was some diversion of interest for the national legislation. The Secretary of HEW, who was then in, was no longer going to be the Secretary.

The National Board is not a Federal examination. It is made up of an election of national professional interests. We then had to ask ourselves the questions you have asked. What about the FLEX examination? What about the ECFMG?

We then had to talk with the National Board people about what the alternatives were. Having found what they were, we went to the then Secretary of HEW, made some recommendations which he passed on. This examination then has to be established, developed, tested, corroborated, and made available. That is a very rapid schedule upon which we are operating.

The English language part had to be set up, reestablished under the new circumstances and be made available. If we had used national boards, full national boards, on schedule, we wouldn't have been a day ahead of where we now are because they are given twice a year. And to complete parts I and II would have taken the same period of time. So there isn't any loss of time. It is simply the nature of events and the circumstances which controlled this type of activity.

Mr. **Eilberg**. You say there isn't any disruption which will occur regarding foreign medical graduates?

Dr. **Margulies**. We have already declared there is by definition a serious disruption.

Mr. **Eilberg**. But you say you are doing things as usual and there is no rush about it so don't get excited. That's the way I interpret your position.

Dr. **Margulies**. No, sir. We are doing exactly what can be done. There are problems of serious disruption. We cannot determine how serious they will be until after the matching plan has been completed and we know how many immigrants who came flooding into the country are in place by July 1 of this coming year. At that time, we can make a better determination about the extent of serious disruption and be responsive in accordance with the facts rather than guess work.

Mr. **Eilberg**. Doctor, I am sure you get questions as we do as members of the subcommittee and the staff as well. Let me tell you there are strident calls coming from all over the country as to what is going to happen.

Again, I cannot reasonably accept your statement of "Well, let's wait until July comes and see what happens" when all these institutions are trying to make plans now so that their services are not disrupted.

Dr. **Margulies.** The only alternative would be to simply drop the barriers in some manner which would require some amendment to the legislation. And I don't think we would be able to get it during that period of time. You have rejected, and I think correctly, the idea of continuing to exploit exchange visitors in order to meet the needs of the hospitals. I suggest that these disruptions, which we are going to face in July, need to be examined.

I think the medical profession is perfectly capable of doing much more than they have up to the present time of meeting those shortages when they occur. They are occurring primarily in large cities where there are adequate numbers of physicians to offer the additional services which are now carried out by foreign medical graduates.

One of the big issues is whether the hospitals are willing to spend the money on regular doctors or whether the doctors are willing to give their time for services that need to be provided.

Mr. **Eilberg.** The witness from the State Department stressed the fact that the United States has had to depend upon foreign doctors to staff our medical facilities. What has HEW or AMA done to alleviate this shortage?

Dr. **Margulies.** As you have already heard, there has been progressive expansion in the number of graduates from medical schools in this country. The Federal Government for many years has stimulated that expansion. We have gone from a level of around 7,000 not too many years ago to over 13,000. So the number is rising.

The primary target for foreign medical graduates has been house staff positions, and we are gradually approaching saturation from our own graduates. The excessive use of exchange visitors, however, has been noted by a number of people, and I would say that in general, the State Department, HEW, Congress, and the profession have done a very poor job of doing anything about that issue.

They have been exploited. This issue has been raised repeatedly, and I have seen no action from any place to put a stop to it.

Mr. **Eilberg.** Except that we have this new law.

Dr. **Margulies.** It is the first thing which has been done to put it right. It came through new legislation, and I think it should be supported very strongly.

Mr. **Eilberg.** You say even though this law was effective in October, you really can't do anything about it until about 11 months later?

Dr. **Margulies.** I think, Mr. Chairman, we will have to tolerate some very difficult times to go from where we are to where we need to be. I see no way of doing it easily, pleasantly, and without some disruption.

Mr. **Eilberg.** What effort has HEW made to reduce reliance on FMG's by Federal hospitals? Twenty percent of Federal residency positions are occupied by FMG's and 50 percent of residencies in VA hospitals are occupied by FMG's. What alternatives, if any, have been considered by HEW to reduce the participation of FMG's in Federal residency programs?

Dr. Margulies. I think the primary use of FMG's in Federal programs will be in the Veterans' Administration. I think the same answer would apply to their uses as elsewhere, and that is that we have tried to increase the total number of physicians.

The other thing which you may be aware of——

Mr. Eilberg. My question is: There will be disruption in the Federal hospitals and VA hospitals, and what have you done to help those particular hospitals?

Dr. Margulies. I think the circumstances are uniform, and the responses we have given you are the same This legislation does provide an interruption of the inflow of foreign medical graduates which will be felt in the hospitals.

Mr. Eilberg. And you say to the Federal hospitals, the VA hospitals, "It is just too bad, you just have to get along somehow on the personnel you now have available?"

Dr. Margulies. We have already provided a waiver mechanism to relieve the disruption and have, in fact, used the legislation to the maximum limit allowed within the legislation.

Mr. Eilberg. The waiver would be to J students, but what about a waiver for immigrants?

Dr. Margulies. That is not allowed by the legislation.

Mr. Eilberg. Dr. Dickson, do you want to proceed?

Dr. Dickson. We have largely gotten into and touched on most of the points I wanted to make in a formal brief statement, Mr. Chairman.

Mr. Eilberg. How did HEW arrive at a decision of blanket "substantial disruption" waiver to be granted until June 30, 1978? And was this recommendation reviewed by and concurred in by Secretary Califano?

Dr. Dickson. The date that the waiver went into effect was January 10, and that determination was made by Secretary Mathews.

Is that your question, sir?

Mr. Eilberg. Yes; I was wondering how Secretary Mathews arrived at the decision that the waiver should extend to June 30, 1978.

Dr. Dickson. You mean why he took it essentially for 1 year?

Mr. Eilberg. Yes.

Dr. Margulies. The recommendation for that was based upon our best efforts to determine what would be the effect of this new legislation on the inflow of foreign medical graduates.

You will note also in the legislation that the new rules on FMG's took place 90 days after the legislation was passed, which means it fell on January 10. There was no way in which there could be a careful assessment of the influence of this on hospitals in the short period of time available. We then estimated what would be the results of the new legislation in restricting the availability of foreign medical graduates on the hospitals.

We determined that it would not be less than a 20-percent reduction, the total number of people available. Under those circumstances, it seemed reasonable that we could call this a serious disruption and that we could respond to that serious disruption on the basis of what data we had available to get physicians back close to where they had been in the past. So it was a very quick assessment done in order to meet the urgencies of the upcoming year.

Mr. Eilberg. Was the recommendation reviewed and concurred in by Secretary Califano?

Dr. Dickson. When the recommendation went to the State Department, they put together a telegram that would notify all who would be interested. This telegram came back to the Department and was passed on, I believe, by the Secretary's office before it was sent out by the State Department. It was probably early in February, I believe.

Mr. Eilberg. Some of my colleagues have interposed no objection to this 1-year waiver as long as hospitals develop adequate plans to phase out their reliance on unqualified FMG's. What plans, tentative or otherwise, does HEW have for implementing the waiver provision after this year 1978?

Dr. Dickson. I don't think we know at this time whether it would be necessary to extend the waiver. There are differences of opinion about that. We are trying to get enough data from the American Hospital Association and other sources about the continuing nature of this problem.

I don't know whether at this time it would be necessary to extend it. I think it will depend on a number of things, including the success that applicants have in passing the equivalency examination.

Mr. Eilberg. Has the presence of foreign medical graduates discouraged or delayed this Nation from developing or fulfilling its own health manpower needs?

Dr. Dickson. I believe it has in the sense that when this type of labor was available, there wasn't a void in a need. And a one-by-one manpower sense, people were willing to go along with it. I think in this, we are continuing to accept some lesser quality in detail. But this forces us to do many things besides acquire basically what we are doing. One of those things is to force us to give increased attention to the problem of quality of care that people get in the country versus what could possibly be available to them.

Mr. Eilberg. Dr. Margulies, would you care also to try and answer that question?

Dr. Margulies. I think that the presence of large numbers of foreign medical graduates has very clearly moved our attention away from the needs of our own country, from our own products. This has been a major concern of mine over the years.

There is another part of this, if I may, Mr. Chairman, that concerns me, and I know it also concerns the Department. In its efforts to establish a better method of measuring the qualification of physicians coming to this country, there was almost certainly great harm done to the potentialities of the exchange program which we certainly shoud maintain.

This country can do marvelous things for the medical graduates of other countries who come here, get training and go home again. But you asked earlier why hospitals had utilized these J visa holders in the way they have.

One of the reasons is because there is no alternative for someone coming for an advanced training in the field of medicine expecting to enter a hospital where he can be sponsored by salary as an intern or resident. This exchange program has existed for years as a very tiny activity with Federal sponsorship, and there is no other money which goes into it. So as long as we have exchange programs in the clinical field, they will under certain circumstances have to depend upon people from all over Asia, Africa, Latin America, wherever, coming into programs designed for U.S. graduates who are going to remain in this country to practice.

Consequently, it has gone for that and a number of other reasons badly awry. Without sponsorship and without some kind of relief on the exchange requirements, the whole program of exchange is going to suffer severely.

Mr. **Eilberg.** Section 906 of Public Law 94-484 requires HEW to develop data by October of this year which will assist the Labor Department in adjudicating labor certification applications filed by FMG's. What has HEW done to implement this provision?

Dr. **Margulies.** We are required to carry out a number of data activities. We are currently trying to collect the data, and I think they will be available well in advance so that we can provide the information to Labor so that they can make their judgment based upon new information.

Mr. **Eilberg.** Have the medical associations been consulted to assist in developing such data as required by this section?

Dr. **Margulies.** Yes; in fact, we have to depend heavily on the cooperation of the medical societies to provide the information required.

Mr. **Eilberg.** Why is there such a heavy concentration of FMG's both percentagewise and in gross numbers in New York, Michigan, New Jersey and Illinois? Is this attributable to more liberal temporary licensure requirements in these states?

Dr. **Margulies.** No; I think it is primarily because those are the locations of very large hospitals with very large number of internships and residencies and because a kind of tradition gets established which allows people to come into those areas in increased numbers.

Second, many of the hospitals which have large numbers of foreign medical graduates have been unable to attract U.S. medical graduates in adequate numbers. At one time, 90 percent of the interns and residents in the State of New Jersey or close to 90 percent were foreign medical graduates.

So it is a combination of opportunities available with large numbers of physicians and less competition for the position available.

Mr. **Eilberg.** Mr. Sawyer?

Mr. **Sawyer.** Yes; I wonder how long after this examination is proposed to be given on September 30 does it take, if you know, to grade those papers and get a procedure for issuance of a visa going?

Dr. **Dickson.** I think it would just be 6 to 7 weeks to obtain scores.

Mr. **Sawyer.** Well, it certainly is far different than bar examination processing, then, in speed. Those normally take about 6 months from the time the tests are taken.

Dr. **Dickson.** It is intended that this equivalency examination be put together in such a way that it can be computerized as far as determining output.

Mr. **Sawyer.** Is there any particular reason why that examination, at least as to these foreign people, can't be accelerated to July 1st or June 1st?

Dr. DICKSON. I think there are two things about it. It has to be prefaced by an English language examination which isn't the main reason, but we have been interacting with the Educational Commission for Foreign Medical Graduates and National Board of Medical Examiners, and in terms of putting together a satisfactory examination, felt that this was the period of time that would be given.

One of the witnesses that follows today, I believe, is Dr. Casterline. He probably can say more about that.

Mr. SAWYER. Don't they, in effect, have these standard tests of parts I and II available?

Dr. DICKSON. No; this equivalency examination will be a derivative from that examination.

Mr. SAWYER. Why would a derivative with the manpower here and available both in the medical society and in HEW take months to develop an equivalency or extract an equivalency examination out of an existing examination? That is a long period of time from now.

Dr. DICKSON. I am not sure of the exact period of time it will take to develop it. I think if you ask Dr. Casterline, he could probably tell us.

Mr. SAWYER. Also, everything apparently is projected on a let's say obtaining of adequate supply of doctors by 1980. And that apparently triggers this so it gets this program moving.

Suppose the administration goes into and gets a national health insurance situation? What then is going to be our situation as far as doctors are concerned?

Dr. DICKSON. You mean relative to the projected number of physicians?

Mr. SAWYER. Yes.

Dr. DICKSON. I suppose it depends on the speed with which one implements national health insurance and the character of the individual steps.

Mr. SAWYER. Apparently instead, I would think there might be a distinct possibility that instead of having obtained an adequacy, say, like in 1980, if that goes into effect, maybe we are talking about the year 2000 or something. Therefore, I just question a limitation.

First, do you think that would be a realistic problem on the supply of doctors?

Dr. DICKSON. For national health insurance? Not really, no, in the sense that I think we are in a phase at the moment where we hopefully will change the way that the manpower in general has been used in medicine in the past and things that have been done by physicians, have been done by physicians' assistants. I think that whole area is now in the examination. The way that we both mechanically go about delivering services will undoubtedly change in the shorthaul as will the way we use attendant personnel.

Mr. SAWYER. Assuming at least on the shorter or medium haul that we upgrade the caliber, let's say, of the average foreign medical graduate by administering these tests and the English test, too, so that we are not then particularly talking about an inferior quality, what is the psychology of limiting the amount of patient service that person can do while they are here?

Dr. DICKSON. What do you mean by "limiting the amount of patient service"?

Mr. SAWYER. As I understand from reading, the idea is to restrict them more and more while they are here to the extent they qualify as strictly training or teaching or learning, and limiting the amount of patient care, their time can be devoted to. Or did I misunderstand that?

Dr. MARGULIES. Mr. Sawyer, I think they were referring in the discussion to a selected group of people who are coming here under the H-1 visa. Those coming here who meet the qualifications set up under 484 as interns or residents will be functioning the same in those programs as they always have with the same kind of patient care responsibilities.

I think the 1980 point also just needs two comments: (1) That is a figure, a date, which is in the legislation; (2) it is the assumption that the needs for interns and residents in hospitals will be quite adequately met by our own graduates by that date or near that date.

Since the individuals we are talking about must come into those kinds of programs, it has more meaning around that point of reference than the total needs for physicians in the country.

Mr. SAWYER. I see. Thank you.

Mr. EILBERG. Dr. Margulies, are you relying upon the Educational Commission for foreign medical graduates to come up with the equivalent examination?

Dr. MARGULIES. No. It is being produced by the National Board of Medical Examiners, but it will be administered by the ECFMG.

Mr. EILBERG. And what relationship do you have with the ECFMG?

Dr. MARGULIES. Well, we have as has the State Department worked on a very direct and full relationship with ECFMG for some years. We meet with them regularly and depend upon them to administer this program.

Mr. EILBERG. I am not sure the record is complete as to why the preparation of the equivalency examination cannot be accelerated.

Dr. MARGULIES. I do think you need further explanation of that. I asked the same question myself when it came up.

The parts I and II of the national board take about 4 days to administer. What they propose to do is to take the examination to a shorter duration of 2 days.

Now, to do that, and to create the balance required in types of questions, pretesting and a determination of whether that is faithful to the original examination requires a series of observations, pretesting and other kinds of technical devices in the examination field which I can't very effectively report to you. But when we pushed them very hard, this was the date they were rather proud of because it was a hasty kind of thing. It isn't just a matter of extracting vaguely a series of questions from a large number. They have to be well balanced in complexity, depth and pertinence to the subject to be truly equivalent.

The word "equivalent" is one that you can't play around with very much. It doesn't mean almost equivalent; it means equivalent.

I think the people involved in the national board represent in this country and in the world the highest level of competence in examinations in any field, and certainly in any health field. So I think it is in very good hands.

Mr. **Eilberg**. Do you have supervision over them, and have the authority to direct them?

Dr. **Margulies**. We do not. They are a professional, private body operating according to their own professional principles. They are not doing this with our funds; they are doing it in response to the request of the Government to do this for them.

Mr. **Eilberg**. So that in effect HEW cannot do anything about it and certainly State cannot do anything about it?

Dr. **Margulies**. No. It is their affair, not ours.

Mr. **Eilberg**. Of the total number of FMG's in this country today, what percentage are fully licensed?

Dr. **Dickson**. We will have to supply that, Mr. Chairman.

[The following information was submitted to the subcommittee:]

Estimates of the number of unlicensed FMGs in this country range from 10,000 to 30,000. Valid data concerning full licensure of physicians is available, but because of inconsistencies in definition and incomplete information on the licensure status of FMGs, it is difficult to determine how many FMGs are unlicensed in contrast to those holding limited or temporary licenses. In addition, there are fifty-five state and territorial licensing boards with authority to control and regulate medical practice within their jurisdictions.

Available data indicates that the average time required for full licensure varies widely in different states. In some states, less than full licensure can be extended or renewed indefinitely. In most cases, the time required for full licensure is four to five years.

Mr. **Eilberg**. I would like to know also how long does it take to qualify for full licensure?

What role has the availability of payments to the hospitals under the medicare and medicaid programs contributed to the hospitals' reliance on FMG's?

Dr. **Margulies**. I think it has probably a direct bearing because it is now possible through the program that you describe for hospitals to be reimbursed for that portion of the services provided by the interns and residents which are covered by those programs, title 18, title 19, medicare, medicaid.

It, therefore, means there is a payment mechanism which the hospital can utilize and, therefore, a way of providing a generous portion of the salary. It makes it easier for hospitals to employ larger numbers of individuals, including FMG's.

Mr. **Eilberg**. We have heard increasing concern over the rate by which those physicians who are on J visas seek to adjust their status to that of permanent resident aliens. Many times, the subcommittee hears the thought expressed either through private immigration legislation or elsewhere that there is increasing need for physicians in rural areas.

Do you have any information as to how many of those foreign physicians who adjust their status from a J visa to that of permanent resident alien are located in rural areas to practice medicine? Or do they remain in the urban areas?

Dr. **Margulies**. The only information we have—and it is fairly consistent—would suggest that the locations of foreign medical graduates when they remain here and go into practice are essentially the same as the U.S. medical graduates. They don't tend to go any more to rural areas than do U.S. graduates.

For a long period of time, they probably were concentrated more in urban areas, but there is a slight movement to the rural areas. I think they are part of it. But they are not distinct.

Mr. Eilberg. Do you have any knowledge of whether the doctors who by way of private legislation adjusted their status to permanent resident stayed in the designated rural area for which the need was demonstrated?

Dr. Dickson. I don't know the answer to that.

Mr. Eilberg. Is there any way of getting that?

Dr. Dickson. Yes, sir.

Mr. Eilberg. How would you suggest we do that?

Dr. Dickson. We will try and get it for you.

[The following information was submitted to the subcommittee:]

In response to your request we have traced the whereabouts of the following individuals granted permanent resident status by private laws in the 94th Congress:

DR. ARTURO BOMOLAN DELA ROSA

(Private Law 94-1, June 9, 1975)

Dr. Dela Rosa was granted permanent resident status because of the urgent need for his services as a physician at Kemper County, Mississippi, Hospital. He could not enter private practice at this hospital without taking the State medical licensure examination, but could not take the licensure examination unless he had permanent resident status. As of March 28, 1977, we are informed that Dr. Dela Rosa is not yet fully licensed by the State of Mississippi, and is employed as a staff physician with a limited institutional license at Matty Hersee Hospital, a general State hospital in Meridian, Mississippi.

DR. MARCIANO SANTIAGO

(Private Law 94-134, October 15, 1976)

Dr. Santiago and his wife Eleanor L. Santiago were granted permanent resident status in order that Dr. Santiago might apply for licensure to practice medicine in Terry, Montana. Dr. Santiago had entered an agreement with the Prairie Community Hospital in Terry to remain in Terry for a minimum of 6 years from the date of approval by the Montana Medical Licensing Board of his practice in Montana. Cancellation of this agreement was to be only by mutual agreement and with consent of both parties. As of March 28, 1977, we are informed that Dr. Santiago is on the staff of the hospital at Turtle Lake, North Dakota.

DR. OSCAR J. BRISENO

(Private Law 94-135, October 15, 1976)

Dr. Briseno was granted permanent resident status because of the urgent need for his services as a physician at Jasper General Hospital in Bay Springs, Mississippi. In order to obtain a license to practice in Mississippi, Dr. Briseno had to have permanent resident status. As of March 28, 1977, we are informed that Dr. Briseno is a staff member of the Jasper General Hospital.

DR. JUAN BAUTISTA LOPEZ RUIZ

(Private Law 94-136, October 15, 1976)

Dr. Lopez was granted permanent resident status because of the urgent need for his services as a pediatrician in the field of neonatology at Hinds General Hospital in Jackson, Mississippi. In order to obtain a license to practice in

Mississippi, Dr. Lopez Ruiz had to have permanent resident status. As of March 28, 1977, we are informed that Dr. Lopez Ruiz is on the staff of Hinds General Hospital as pediatrician in the field of neonatology.

Mr. EILBERG. We have been increasingly aware of the need for doctors in rural areas, and I have been generally liberal where clear cases have been shown, but we have not been able to follow up whether the physicians stay there once the legislation becomes effective.

To what extent should the Federal Government for immigration purposes give full faith and credit to determinations by State medical boards who grant full licensure to an FMG?

Dr. MARGULIES. I don't know that that is much of an issue at the present time. The States, of course, do control their own licensing practices. I don't think the Federal Government is ready to interfere with that.

They have been consistent, however, in requiring that foreign medical graduates meet quality standards and direct licensure of a foreign medical graduate is not possible in any State that I know of. They all have to go through a program in this country, meet an examination requirement and other kinds of professional levels of challenge.

Mr. EILBERG. I understand that there are approximately 500 doctors who were paroled into the United States under the Indochina refugee program. A good percentage of them have passed the ECFMG exam. What efforts have the hospitals made to utilize the services of this particular category of alien physicians?

Dr. MARGULIES. We do have a note on that. Our most recent information was just given to me. Of about 600 Vietnamese M.D.'s in the country, 425 registered but only 405 took courses which were sponsored by the Department of Health, Education, and Welfare. Of these, 310 passed the medical portion of the examination; 103 passed both the English and the medical portion of the examination. So only about 27 percent passed both parts. This means that the hospitals were in a position to accept only those who were thus able to qualify. There is a potential pool of 172 physicians who need only to pass the language requirement to become ECFMG certified. Eventually, over 75 percent of those who passed medicine can qualify later for ECFMG certification.

So it has been done, I think, very aggressively, but with modest results. I understand that, in answer to your question about the hospitals, not all of those who passed have been able to find positions in hospitals. I was not aware of that, and that is as much as I know about it at the present time. I would be happy to inquire further into it and give information to this committee.

Mr. EILBERG. We would very much like to have that information since this is the committtee that gave birth to that legislation.

Dr. MARGULIES. I understand that, and I am a little surprised at those results. We will find out more about it.

[The following information was submitted to the subcommittee:]

According to information received from the National Internship and Residency Matching Program (NIRMP), there were 45 Indochinese physicians in the matching program who were not matched. An additional 27 withdrew before the match was completed.

The Bureau of Health Manpower will obtain the names and addresses of qualified Indochinese physicians who have not been placed in graduate medical education positions and will transmit them to the Committee as soon as they are compiled.

Mr. EILBERG. Very good.

Gentlemen, you are aware of the confusions that we have and the uncertainties and concerns in this area. And I would hope that you would, Dr. Dickson, when you are supplied with the draft of the testimony today supplement answers where you are able to do so.

Dr. DICKSON. We would be pleased to.

I would like to make a comment on the interest of the Secretary's office in this problem. It is at the front of his ledger, and he has given a great deal of time with respect to what to do about Canadian graduates and with respect to the nonaffiliated hospitals in this situation. He has been giving it a great deal of attention. He understands and has given a good deal of time to get in a position where he would have a feeling for the nature of the problem. He considers it an important one, and it has his primary attention.

Mr. EILBERG. I might react to that, however, by saying this morning has been somewhat disappointing because the State Department testifies and points in your direction as sort of the lead agency. And you testify that the Justice Department, not yourselves is responsible and then responsibility resides with the national boards.

There is an apparent uncertainty among the agencies involved in this matter.

Let me just say this a little more formally. I am sorry, but the hearing today so far has really been of little value mainly because of the tongue-in-cheek responses of the Government witnesses.

You are dealing with a question of absolute vital concern, and there is clear evidence that the Departments involved have displayed a complete lack of initiative and a reluctance to assume responsibility for administering this law.

Each witness has spoken of the extensive discussions held in the last 3 months in each of the Departments. And gentlemen, I can only deduce that few results have been achieved for a definite formula to implement the intent of the legislation.

Again, I am really sorry to say that the bureaucratic indecision and procrastination is rampant. This is clearly the impression you have given me.

Dr. DICKSON. May I make a comment?

Mr. EILBERG. Yes, sir.

Dr. DICKSON. I don't see it that way at all. I think the Department, since the enactment of the law in October, has done an outstanding job. It has the full attention at the Secretary's level and at the operational level.

I think it is an inordinately difficult problem in which you can't rush to judgments and make decisions in a very short timeframe. I think our relationships with the State Department and the Justice Department have been extensive on a timeframe. I find in our relationships with them that both Departments have been very responsive.

When I began my remarks, I wasn't making my remarks in any sense whatsoever of placing responsibility for leadership in either the State or the Justice Department. I was identifying three Departments involved.

With respect to the initiation of policy steps that have to be taken in response to the law, that does indeed lie with the Department of HEW. I think the Department has done an outstanding job, and I expect it will continue to do so with the help of the Congress.

Mr. **Eilberg**. Dr. Dickson, with that standoff, we are concluding the testimony you have offered today. I think there is no question about your competence or integrity, but apparently we have not convinced each other of the urgency of the situation. I regret that.

Dr. **Dickson**. Yes, I understand the necessity of oversight, and we welcome it. I think it is a difficult thing to perform an oversight function.

Mr. **Eilberg**. Dr. Dickson, our concern is certainly not communicated to you this morning. When oversight is effectively used, the agencies then go back and try to do something, do things a little quicker. There is apparently no readiness on your part or any of the witnesses we have heard so far to suggest that because Congress is concerned you will reexamine and try to push harder.

You have been absolutely implacable as far as I am concerned.

Dr. **Dickson**. I would like to assure you we will be responsive, and you will obviously monitor that. And we welcome the opportunity to be responsive.

Mr. **Eilberg**. OK.

Thank you.

Dr. **Dickson**. Thank you for your time, sir.

Mr. **Eilberg**. Thank you gentlemen.

Our next witness is Dr. Ray Casterline, executive director, Educational Commission for Foreign Medical Graduates.

We welcome you, Dr. Casterline. And please proceed.

TESTIMONY OF RAY CASTERLINE, EXECUTIVE DIRECTOR, EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

Dr. **Casterline**. Thank you, Mr. Chairman.

I had submitted a fairly extensive résumé of background materials to the committee which I believe you received yesterday.

In addition, I prepared a summary which I brought with me from Philadelphia which you received today. I would hope that you will be able to enter these into the record. And I will make comments on several portions of my summary, and perhaps I can respond in more positive fashion to some of the questions that you have raised earlier in the morning if that is agreeable.

Mr. **Eilberg**. First, let that statement be made part of the record.

I must tell Dr. Casterline because of the late submission of your statement, I have not had the opportunity to read it. I would have liked to have had the opportunity to do so before you make your comments. This explanation will have to suffice to explain our lack of knowledge, and inability to read your statement.

[The prepared statement of Dr. Casterline follows:]

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES,
Philadelphia, Pa., March 24, 1977.

Hon. JOSHUA EILBERG,
Chairman, Subcommittee on Immigration, Citizenship and International Law, U.S. House of Representatives, Washington, D.C.

DEAR CONGRESSMAN EILBERG: This will summarize and supplement the background materials regarding the Educational Commission for Foreign Medical Graduates (ECFMG), which were recently assembled and submitted to the members of the committee. That material pointed out the traditional functions of ECFMG, the organization's farreaching aims and missions and the additional responsibilities which ECFMG has been asked to assume in the implementation of Title VI (the foreign medical graduate section) of the Health Professions Educational Assistance Act of 1976 (PL 94-484).

Recent involvement in planning for the administration of the Visa Qualifying Examination (VQE) and in carrying out the provisions of the "substantial disruption" waiver of certain portions of Title VI of PL 94-484 have given ECFMG a broad overview of the effects of the new law. My comments that follow will relate primarily to Title VI of PL 94-484 and will include a description of the problem areas we have encountered in the sponsorship of Exchange Visitor Foreign Medical Graduate (EVFMGs) in graduate medical education training programs in this country, because of specific restrictions of the "substantial disruption" waiver. In addition, I will comment on our projections of the performance of alien physicians on the VQE.

Visa qualifying examination

Earlier this month, the Department of Health, Education and Welfare announced that it had asked the National Board of Medical Examiners to develop a new examination to screen alien physicans seeking entry to the United States.

The need for the examination arose from Congressional concern that alien physicians coming to this country should be as competent as graduates of U.S. medical schools. The recently enacted Health Professions Educational Assistance Act of 1976 Public Law 94-484) amended the Immigration and Nationality Act to impose new requirements on the entry of alien physicans beginning January 10, 1977. Among those requirements is the need for alien physicians to pass Parts I and II of the National Board of Medical Examiners (NBME) examination or an equivalent examination as determined by the Secretary of HEW. Most students in medical schools in the United States take the Part I (basic science) examination during or near the end of the second year of medical school and the Part II (clinical science) examination during or near the end of the fourth year of their medical education.

Under the new law, passing the ECFMG examination, meeting the ECFMG educational requirements and obtaining ECFMG certification will not be considered adequate for many physicians wishing to obtain visas to enter the United States. However, ECFMG certification remains a requirement to enter accredited graduate medical education programs in this country, is a prerequisite for licensure in 45 of the 50 States and the one-day ECFMG examination, which is administered twice a year, will continue to be offered as scheduled.

HEW has requested that the new examination which is being developed by NBME should be equivalent to Parts I and II of the NBME examination for the purpose of Public Law 94-484. Since it will be a requirement for alien physicians seeking permanent or exchange visitor visas, it is called the Visa Qualifying Examination (VQE).

The VQE will be a 2-day multiple choice examination. The first day will be composed of basic science questions from Part I of the NBME examination and the second day will consist of clinical science questions from NBME Part II. Although the VQE is considered a single examination, candidates must achieve a passing score on each of the two parts. A passing score will be determined from the equivalent pass rates for United States candidate reference groups (second year medical students for the Part I items and fourth year medical students for Part II items).

VQE will be administered cooperatively by NBME and ECFMG at six locations the United States and Canada and approximately twenty sites in other parts of the world. It will be offered annually with the first examination scheduled September 7–8, 1977.

To be eligible for the VQE, an alien physician must have passed the ECFMG English test within the 2 years preceding his taking of the VQE, and no earlier than January 1, 1976. ECFMG plans a special administration of the English test in most of its examination centers throughout the world on May 25, 1977.

Performance on National Board examinations is reported in the form of standard scores. The average standard score for the candidate reference group (at least 5,000 U.S. medical students) is 500 and the standard deviation is 100. For Part I, the minimum passing score is 380, which is approximately 1.2 standard deviations below the average score (mean) of the reference group. For Part II, it is 290, or 2.1 standard deviations below the average score. Those are the equivalent standards which alien physicans will be required to meet to pass VQE.

The ECFMG science examination, which now consists of approximately 16 percent (⅙) basic science items and 84 percent ± (⅚) clinical science items, at present has a minimum passing score of about 305. In earlier years, when there were fewer Part I items in the ECFMG examination, the minimum passing standard score was 290. Moreover, the ECFMG examination traditionally has been "weighted" heavily toward knowledge of the clinical sciences which foreign medical graduates are expected to require as a scientific base of knowledge to assume responsibility as participants in graduate medical education training programs in the United States (and to benefit from the educational opportunities provided by those programs).

Statistical analyses of the performance of fourth year (or later) United States medical school students on the NBME Part I examinations are not available, since there have been no such standard reference groups. However, the performance of U.S. medical school graduates on Day I (the basic science portion) of the examination prepared with the cooperation of the Federation of State Medical Boards, the Federal Licensing Examination (FLEX), is somewhat lower than the performance of that group on Day II (the clinical science portion). Importantly, the basis for that difference in performance of those candidates on FLEX Day I and Day II is not completely clear. Moreover, in FLEX the clinical sciences are weighted heavily and the basic sciences account for only ⅙ of the score. So, their performance on the basic science items is less important.

Nonetheless, in the consideration that alien physicians coming to this country "be as competent as graduates of U.S. medical schools," perhaps some thought might be given to the standards of equivalence which are to be applied in the scoring of the NBME Part I items in VQE. It would appear that alien physicians may be required to perform at a level somewhat higher than U.S. medical school graduates would be expected to achieve on the NBME Part I examination.

I believe that the "equivalent performance" standards are of importance. Former HEW Secretary Mathews indicated that he anticipated the "substantial disruption" waiver would be needed for just one year, since by the end of this year the "equivalent examination will have been developed and administered in sufficient time to obviate the need for exemptions in succeeding years . . ."

We have distributed nearly 75,000 information leaflets and applications for the May 25, 1977 special administration of the ECFMG English test to all parts of the world. Candidate interest in taking that examination is running high. And we believe that more than 10,000 FMG's ultimately may be registered to take the VQE prerequisite English language examination. However, if 60 percent ± fail that examination, the "yield" for VQE will be about 4,000 candidates. Approximately 12,000 candidates passed the January and July 1976 and the January 1977 ECFMG science examination and English test, and many of those are expected to apply to take the VQE. Others from among the 12,000 may have entered this country and hold resident alien or Exchange Visitor status. Assuming that 10,000 from that potential group of 16,000 were to take the VQE, and it seems unlikely that more than 20 percent will pass if the present NBME Part I and Part II standards are utilized in scoring the examination, we expect that no more than 1,500 to 2,000 would pass.

Therefore, although the "VQE route" ultimately might be effective as a means to provide significantly larger numbers of entrants to meet the graduate medical education trainee staffing requirements of many hospitals, these projections raise some question regarding VQE as a source of a substantial number of FMG-entrants in the near future.

"Substantial disruption" waiver

The waiver of certain provisions of Title VI of PL 94–484 applies only to Exchange Visitors who hold (or expect to apply for) J–1 Visa status. Since 1972, first the Commission on Foreign Medical Graduates and now the Educational Commission for Foreign Medical Graduates (ECFMG) have been designated by the Department of State as sponsors of Exchange Visitors and authorized to provide sponsorship for alien graduates of foreign medical schools (Exchange Visitor Foreign Medical Graduates—EVFMG's), as well as alien graduates of United States medical schools, for training in accredited programs of graduate medical education.

In conjunction with ECFMG's agreement with the Department of State, last month we notified each program of the maximum number of EVFMG's which ECFMG will be permitted to sponsor in those programs at any time during the period of "substantial disruption" (from January 10, 1977 through June 30, 1978).

At this time, we believe that the total number of alien physicians who were participating in accredited programs of graduate medical education or training on January 10, 1977 was slightly higher than 5,200. (On January 10, 1977, the ECFMG computer file showed 5,080. However, small numbers of several classes or groups of J–1 Visa holders, who had not been sponsored by ECFMG prior to January 10, 1977, have been added to the ECFMG EVFMG file.)

TRAINING PROGRAM MANPOWER PROJECTIONS FOR 1977–78

During more than two decades of intense activity in the fields of evaluation and examination of physicians throughout the world, ECFMG has developed many lines of communication with foreign educated physicians (FMGs), medical educators abroad and graduate medical education training program directors in this country.

Soon after the Health Professions Educational Assistance Act of 1976 (Public Law 94–484) was enacted by the signature of President Ford, the intensity of the activity of all of those lines increased sharply. Following the recognition of the proposed Visa Qualifying Examination as equivalent to the National Board Part I and Part II examinations by HEW Secretary Joseph A. Califano, the level of correspondence and frequency of telephone calls increased sharply. However, activity within the ECFMG Correspondence Department—both mail and telephone calls reached a previously unprecedented peak level when the details of the "substantial disruption of health services" waiver became widely known throughout the United States and Canada.

Many times each day we hear from training program directors and hospital administrators who project that during mid-1977 their programs will experience a significant shortage in the total number of alien physicians upon whom they have relied in the past to fill positions in the graduate medical education training programs for which they have the staffing responsibility. Thus, at ECFMG we have heard a variety of estimates of the "shortfall" in numbers of trainees that many anticipate will cause a "substantial disruption" in the availability of the health care services provided by those programs.

In addition, we are aware of the projections which have been made by several prestigious national organizations in the undergraduate and graduate medical education and health care fields. ECFMG has no reason to doubt many of those projections. However, from our own computer file of Standard ECFMG Certificates issued each year, we believe that we can determine with reasonable accuracy the number of alien physicians who have entered this country each of the past several years. That figure has varied from about 6,500 to 7,500.

We assume that approximately 1,500 Exchange Visitor Foreign Medical Graduates (EVFMG's) will complete their training objectives during mid-1977, thus making positions available for about 1,500 EVFMG's to enter graduate medical education training programs after mid-1977. In addition, we assume that about an equal number of FMG's will enter in the first, second, fourth or fifth preference special immigrant categories. The new EVFMG's and the special immigrants, with the addition of a few USFMG's, and others who entered before Title VI of Public Law 94–484 became effective, could amount to 3,500±. Subtracting that figure from the number who entered in earlier years does leave a "shortfall" of several thousand alien physicians, who would be able to enter the United States later this year, if Public Law 94-484 were not being fully implemented.

SPECIAL PROBLEMS

Traditional programs of international exchange

ECFMG has heard of many traditional international exchange programs—usually of relatively short duration (and whose participants require J-1 Visas to enter this country), which will be severely disrupted (at least this year), if the positions were not occupied by J-1 Visa holders on January 10, 1977—as specified by the law. The breaking of such traditional ties with medical education systems in other countries can be expected to have a deleterious effect on medical education in those countries, and in the United States, and tarnish the image of the United States throughout the world.

Graduates of Canadian medical schools

For many years, the medical schools of Canada have been subjected to the same scrutiny in the process of accreditation as have those in this country. Thus, ECFMG has never considered graduates of medical schools in Canada, which are accredited by the Liaison Committee on Medical Education, as foreign medical graduates (FMG's). Therefore, graduates of those schools have not been required to take the ECFMG examination or to meet the requirements which FMG's must meet to enter for whatever purpose they may come to the United States.

Traditionally, many graduate medical education training programs in this country have depended heavily upon Canadian medical school graduates as high quality trainees who have not only enhanced the level of education in those graduate medical education training programs, but in most cases they have returned to Canada to share the experience gained in this country with fellow Canadians.

Special circumstances

I will be prepared to discuss in detail specific cases and special circumstances which have been called to our attention at ECFMG as examples of problems for which at present Public Law 94-484 seems to allow little or no flexibility.

Respectfully submitted,

RAY L. CASTERLINE, M.D., *Executive Director.*

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

The Educational Commission for Foreign Medical Graduates (ECFMG) is sponsored by the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Federation of State Medical Boards of the United States and the National Medical Association.

Incorporated in 1956, ECFMG began operation in 1957. The agency initially served the public interest by verifying credentials, evaluating educational qualifications and conducting examinations to determine that foreign medical graduates (FMG's) were ready to benefit from graduate training in the U.S., and were qualified to assume responsibility for the care of patients in those training programs. Later, ECFMG became active in providing information about training programs and their requirements so that FMG's could select education programs best suited to their needs.

On June 30, 1974 the Educational Council for Foreign Medical Graduates (ECFMG) and the Commission on Foreign Medical Graduates (CFMG) combined to form the Educational Commission for Foreign Medical Graduates. The combined agency identified the following as its missions:

(1) Provide information to foreign medical graduates regarding entry into graduate medical education and health care systems in the United States;

(2) Evaluate their qualifications for such entry;

(3) Identify foreign medical graduates' cultural and professional needs;

(4) Assist in the establishment of educational policies and programs to meet the cultural and professional needs of foreign medical graduates;

(5) Gather, maintain, and disseminate data concerning foreign medical graduates; and

(6) Assist other individuals and agencies concerned with foreign medical graduates.

ECFMG CERTIFICATION

FMGs wishing to be certified by ECFMG must have had at least four academic years, for which they have been given credit toward completion of the medical curriculum, in attendance at a medical school that was listed in the "World Director of Medical Schools," published by the World Health Organization, at the time of their graduation from that school. They must have successfully completed the full medical curriculum prescribed by the medical school or the country in which it is located. Furthermore, they must have fulfilled all of the educational requirements to practice medicine in that country, and a national of the country concerned must have obtained the appropriate license or certificate of registration. To become eligible for an ECFMG certificate, FMGs must document these requirements in the form of credentials prescribed by ECFMG; must obtain a scaled score of 75 or higher or a standard score of 290 or higher on the medical portion of the ECFMG examination; and pass the ECFMG English test.

Most candidates receive an Interim ECFMG Certificate, which is valid for no more than six months, if the candidate is in Australia, Canada, New Zealand, South Africa or the United States (including Puerto Rico). Otherwise, the Interim Certificate remains valid for a period of not more than six months after the candidate enters one of these countries. When the holder of an Interim Certificate has cleared his financial account with ECFMG, he becomes eligible for a Standard ECFMG Certificate which is permanently valid.

ECFMG EXAMINATION

The first ECFMG examination was given March 25, 1958, and examinations have been given semi-annually since. Beginning July 1972, they have been held each January and July. The examination is given on the same day throughout the world in morning and afternoon sessions.

The medical portion of the examination consists of approximately 360 questions of the multiple choice type, in English. Designed as a comprehensive test of the candidate's knowledge in the principal fields of medicine, most of the questions are chosen from the traditional clinical fields. However, one-sixth of the questions are chosen from the basic medical sciences.

The questions are selected by the ECFMG Test Committee—medical educators who are authorities in their respective fields—from the large bank of test items maintained by the National Board of Medical Examiners.

Part of the ECFMG examination is a one-hour English test, which is designed primarily to test the candidate's comprehension of spoken English. In addition, the English test assesses the candidate's ability to use simple sentence structure properly and to demonstrate knowledge of words and phrases not common to the medical vocabulary.

The new English test was administered in all centers for the first time as a part of the January 1974 examination. Prepared by the Educational Testing Service, Princeton, New Jersey, it is a modified TOEFL (Test of English as a Foreign Language) Examination.

The listening comprehension section is administered through use of high fidelity records or magnetic tape recordings of phrases, statements, and conversations that relate to commonplace events in everyday life in this country. After the candidates have listened to the recorded material, during which they hear up to three different people speaking, they select the best response to the statement, conversation or question from a series of alternatives in the English test booklet.

English structure and usage and vocabulary items in the English test are of the multiple choice type.

SIZE OF ECFMG EXAMINATION PROGRAM

The ECFMG examination is administered in more than 160 centers throughout the world. For recent examinations, 27,000 or more applications have been received. Many applicants are disqualified for lack of adequate credentials, failure to make payment of examination charges on time, and for a number of other reasons. Nonetheless, the total number of candidates examined each year has remained high (Table I and Table II).

Applications for the examinations shown in the tables that follow were received from candidates representing from 90 to 100 countries and more than 700 medical schools.

PASS RATE ON ECFMG EXAMINATIONS

The pass rate (the number scoring 75 or more) on the medical portion of the examination in recent years has ranged from a low of 32.6 percent (of 18,550 candidates) in January 1973 to a high of 48.5 percent (of 15,491 candidates) in January 1976.

TABLE 1.—ECFMG EXAMINATIONS, JANUARY 1973 TO JULY 1976—SUMMARY OF RESULTS

Examination centers	Jan. 24, 1973	July 25, 1973	Jan. 23, 1974	July 24, 1974	Jan. 22, 1975	July 23, 1975	Jan. 21, 1976	July 21, 1976	All examinations (1958–76)
Number taking examination:									
Domestic	4,597	4,786	4,733	4,423	4,573	4,576	4,476	4,452	126,587
Foreign	13,953	13,687	14,032	14,259	14,585	13,065	11,015	9,540	293,027
Total	18,550	18,473	18,765	18,682	19,158	17,641	15,491	13,992	419,614
Percent foreign	75.2	74.1	74.8	76.3	76.1	74.1	71.1	68.2	69.8
Number and percent scoring 75 or higher:									
Domestic:									
Number	944	1,012	1,364	1,183	1,050	1,024	1,591	1,279	39,082
Percent	20.5	21.1	28.8	26.7	23.0	22.4	35.6	28.7	30.9
Foreign:									
Number	5,106	5,227	6,275	6,046	5,902	5,653	5,928	4,932	122,947
Percent	36.6	38.2	44.7	42.4	40.5	43.3	53.8	51.7	42.0
Total:									
Number	6,050	6,239	7,639	7,229	6,952	6,677	7,519	6,211	162,029
Percent	32.6	33.8	40.7	38.7	36.3	37.9	48.5	44.4	38.6
Number of 1st takers and repeaters:									
1st exam	9,412	9,282	9,568	10,143	10,709	9,706	8,459	8,340	235,250
Repeat exam	9,138	9,191	9,197	8,539	8,449	7,935	7,032	5,652	184,364
Total	18,550	18,473	18,765	18,682	19,158	17,641	15,491	13,992	419,614
Percent 1st exam	50.7	50.2	51.0	54.3	55.9	55.0	54.6	59.6	56.1

Note: Prior to July 1976, minimum 75 equals NBME candidate expected mean—2.10 SD. In July 1976, minimum 75 equals NBME candidate expected mean—1.95 SD.

TABLE 2.—ECFMG EXAMINATIONS, MARCH 1958 TO JULY 1976—SUMMARY OF PERFORMANCE OF INDIVIDUAL CANDIDATES

Examination	Cumulative number of exams given	Cumulative number of individuals	Cumulative number scoring 75 plus	Cumulative percent of individuals scoring 75 plus
1958–69	185, 807	110, 919	73, 067	65. 9
February 1970	199, 843	118, 702	78, 518	66. 1
September 1970	215, 757	127, 550	84, 983	66. 6
February 1971	229, 334	134, 980	89, 440	66. 3
September 1971	246, 790	144, 075	94, 676	65. 7
February 1972	262, 525	151, 846	101, 462	66. 8
July 1972	278, 862	159, 631	107, 513	67. 4
January 1973	297, 412	169, 043	113, 563	67. 2
July 1973	315, 885	178, 325	119, 802	67. 2
January 1974	334, 650	187, 893	127, 441	67. 8
July 1974	353, 332	198, 036	134, 670	68. 0
January 1975	372, 490	208, 745	141, 622	67. 8
July 1975	390, 131	218, 451	148, 299	67. 9
January 1976	405, 622	226, 910	155, 818	68. 7
July 1976	419, 614	235, 250	162, 029	68. 9

Note: Prior to July 1976, minimum 75 equals NBME candidate expected mean—2.10 SD. In July 1976, minimum 75 equals NBME candidate expected mean—1.95 SD.

However, since January 1975 there has been a substantial increase in the number of applicants who pass the medicine portion of the examination and fail the ECFMG English language test (Table III). Therefore, the "net pass rate" on the January 1976 ECFMG examination was 26.3 percent (instead of 48.5 percent and the rate on the July 1976 examination 28.3 percent (instead of 44.6 percent).

The attached copies of reprints entitled "Results of ECFMB Examinations" contain the results of the medicine (or scientific) portion of the ECFMG examinations for 1975 and 1976, tabulated by candidates, countries and medical schools.

The attached copy of the January 1977 edition of the ECFMG Information Booklet provides additional information about the ECFMG examination program, leading to ECFMG certification.

SPONSORSHIP OF EXCHANGE VISITOR FOREIGN MEDICAL GRADUATES

The Educational Commission for Foreign Medical Graduates (ECFMG) has been designated by the Department of State as a sponsor of Exchange Visitors and is authorized to provide sponsorship for alien graduates of foreign medical schools (Exchange Visitor Foreign Medical Graduates—EVFMG's), as well as alien graduates of United States medical schools, for the following types of training:

1. Graduate medical education training in program accredited by the Liaison Committee on Graduate Medical Education.
2. Professionally recognized clinical fellowships.
3. Professionally approved psychoanalytic training.
4. Individually arranged short term advanced medical training. ECFMG sponsors individuals who are accepted or invited by training institutions for short term (usually less than one year) advanced medical study and training. In some instances sponsorship is dependent upon approval of the training by the local medical licensing board. ECFMG does not solicit or place individuals for short term training.
5. Miscellaneous Training on Request of Department of State. ECFMG sponsors a few individuals for a small number of training programs on request of the Department of States. In those particular cases, ECFMG has the only existing mechanism to provide needed sponsorship.

TABLE 3.—ECFMG EXAMINATIONS, JANUARY 1973 TO JULY 1976

	Jan. 24, 1973	July 25, 1973	Jan. 23, 1974	July 24, 1974	Jan. 22, 1975	July 23, 1975	Jan. 21, 1976	July 21, 1976
Number of 1st takers, repeaters, and English test only:								
1st exam	9, 412	9, 287	9, 568	10, 143	10, 709	9, 706	8, 459	8, 340
Repeat exam	9, 138	9, 200	9, 197	8, 539	8, 449	7, 935	7, 032	5, 652
English only	437	379	434	485	751	891	1, 314	2, 089
Total	18, 987	18, 866	19, 199	19, 167	19, 909	18, 532	16, 805	16, 801

	MP/EP	MP/EF	MF/EP	MF/EF	EP	EF	Total
Breakdown by medicine/english and pass/fail:							
January 1973	5, 689	351	10, 731	1, 769	272	165	18, 987
July 1973	5, 920	321	10, 588	1, 658	205	174	18, 866
January 1974	6, 989	650	9, 454	1, 672	211	223	19, 199
July 1974	6, 470	759	8, 556	2, 897	146	339	19, 167
January 1975	5, 552	1, 400	8, 573	3, 633	154	597	19, 909
July 1975	5, 074	1, 603	6, 205	4, 759	116	775	18, 532
January 1976	4, 071	3, 448	2, 967	5, 005	61	1, 253	16, 805
July 1976	3, 955	2, 256	2, 990	4, 791	423	1, 666	16, 081

Note: MP, medicine pass; MF, medicine fail; EP, English pass; EF, English fail.

In conjunction with ECFMG's agreement with the Department of State, last month we notified each program of the maximum number of EVFMG's which ECFMG will be permitted to sponsor in those programs at any time from January 10, 1977 through June 30, 1978.

At this time, we believe that the total number of alien physicians who were participating in accredited programs of graduate medical education or training on January 10, 1977 was slightly higher than 5,200. (On January 10, 1977, the ECFMG computer file showed 5,080. However, small numbers of several classes or groups of J-1 Visa holders, who had not been sponsored by ECFMG prior to January 10, 1977, have been added to the ECFMG EVFMG file.)

Since 1972, when the Commission on Foreign Medical Graduates first assumed responsibility for the sponsorship of EVFMG's, a responsibility which the Educational Commission for Foreign Medical Graduates assumed when the former "Educational Council" and the "Commission" merged to form the "combined ECFMG," the number of EVFMG's under sponsorship at any time has varied from approximately 10,000 to the present figure (5,200±).

Prior to the annual issuance of the Department of State Form DSP-66, which the prospective Exchange Visitor Foreign Medical Graduate (EVFMG) must present annually to a visa officer, as one of the requirements to obtain a J-1 Visa, ECFMG must be satisfied that the potential EVFMG:

(1) Holds or is eligible for ECFMG certification;

(2) Has obtained and accepted a contract to enter a period of graduate medical training to pursue an appropriate training objective in an approved, recognized or accredited training program;

(3) Has completed the required application form and paid the annual administrative fee; and

(4) Effective with initial or continuing sponsorship beginning on or after January 10, 1977, the prospective EVFMG must enter a position in a training program which was occupied by a J-1 Visa holder on January 10, 1977, and which will be vacated by that person when the period of sponsorship begins. (For continuation of sponsorship, the "January 10, 1977 holder" and the "entering EVFMG" could be the same person, if that person met all of the qualifications of the "substantial disruption waiver" of Public Law 94-484 to remain in a training program.)

To insure that Exchange Visitors whose sponsorship began on or before January 9, 1977 remain in the United States only as long as is necessary to satisfy their stated objectives and the intent of the Act, the Department of State has established general upper limits on their period of stay. For example, in certain fellowship programs, those limits may be no longer than two years.

Extension of sponsorship beyond the time required to complete the initial training objective will be considered only on the basis of the submission of strong justification by the home country government or institution that the additional training is required to qualify the individual for a particular position which the EVFMG will assume upon returning home.

Effective with initial sponsorships beginning on or after January 10, 1977, ECFMG has been authorized to sponsor certain EVFMGs for participation in training programs for not more than two years, except that the duration may be extended for one additional year, under certain terms and conditions, at the request of the government of the EVFMG's nationality or last residence.

Under the provisions of the Health Professions Educational Assistance Act of 1976 (Public Law 94-484), allowing waiver of the new restrictions on the entry of alien physicians in the case of certain exchange visitors where a substantial disruption of health services would occur (if they were not allowed to enter this country), the Secretary of Health, Education, and Welfare has recommended a blanket "substantial disruption" waiver. During the period of the waiver, the total number of alien physicians participating in any graduate medical education training program cannot exceed the total number of exchange visitor foreign medical graduates (EVFMGs) in such programs on January 10, 1977, the effective date of Title VI of Public Law 94-484.

NEW REQUIREMENTS FOR ADMISSION OF ALIEN PHYSICIANS TO THE UNITED STATES

Recent amendments to the Immigration and Nationality Act establish new requirements for the admission of alien physicians to the United States for permanent residence or for participation in graduate medical education training programs. The provisions of the new law, which affect the entry of alien graduates of foreign medical schools, require that they pass Parts I and II of the National Board of Medical Examiners examination (or an equivalent examination as determined by the Secretary of Health, Education, and Welfare) and be competent in oral and written English. By policy of the National Board of Medical Examiners, graduates of medical schools outside of the United States and Canada are not eligible to take the Part I and Part II examinations, although a limited number of students applying for transfer into United States medical schools are admitted to the Part I examination for evaluation.

Visa qualifying examination

Recently the Secretary of Health, Education, and Welfare determined that a special two-day examination, to be developed and offered by the National Board of Medical Examiners, and composed of approximately equal proportions of basic science and clinical science test items in their customary multiple-choice format, will be recognized to be equivalent to the National Board Part I and Part II examinations for the purpose of the new law. Since it will be necessary for most alien physicians to pass the special two-day examination as one of the requirements to obtain a visa to enter the United States, the examination will be known as the Visa Qualifying Examination (VQE).

The National Board of Medical Examiners (NBME) and the Educational Commission for Foreign Medical Graduates (ECFMG) are cooperating in planning the administration of the VQE. We expect to administer the first annual Visa Qualifying Examination in a limited number of examination centers throughout the world on September 7–8, 1977. Information concerning the requirements which must be met to qualify for VQE, as well as applications to take the examination, will be available by April 15, 1977 at United States Embassies and Consulates. In addition, applications and information will be mailed to alien physicians whose ECFMG files show that they have met the English language and other requirements to take the VQE. The deadline for receipt of applications to take the VQE in September 1977 will be June 15, 1977.

English test requirements

In addition, the Secretary determined that in order to be eligible to take the VQE, alien physicians will be required to have taken and passed an ECFMG English test not more than two years before, or to have demonstrated performance acceptable to ECFMG on the Test of English as a Foreign Language (TOEFL) no earlier than January 1, 1976.

ECFMG certification based on an ECFMG English test which was taken and passed after January 1, 1976, or on performance satisfactory to ECFMG on TOEFL after January 1, 1976, will satisfy the English eligibility requirements to take the 1977 VQE. For those who do not meet these requirements, ECFMG will conduct a special administration of the ECFMG English test in many of its examination centers throughout the world on May 25, 1977. Potential applicants for VQE who meet the English language requirement specified above will not need to take the May 25, 1977 English test. However, those who met the ECFMG English language requirement prior to January 1, 1976 must take the May 25, 1977 special ECFMG English test if they wish to apply to take the 1977 VQE. Registraton for 1977 VQE will close before the July 27, 1977 ECFMG English scores will become available.

DESCRIPTION OF THE VISA QUALIFYING EXAMINATION

The Visa Qualifying Examination (VQE) is a two-day written examination which is made up of approximately 950 questions of the multiple-choice format and is given only in English.

Approximately 500 of the questions are from the basic science disciplines of anatomy, behavioral sciences, biochemistry, microbiology, pathology, pharmacology, physiology. The test includes approximately the same number of questions in each subject. The questions have been devised to test not only the examinee's knowledge, but also the subtler qualities of discrimination, judgment, and reasoning. Certain questions test the examinee's recognition of the similarity or dissimilarity of diseases, drugs, and physiologic, behavioral, or pathologic processes. Other questions evaluate the examinee's judgment as to whether cause and effect relationships exist. Descriptions of laboratory situations or problems presented in narrative, tabular, or graphic form are followed by a series of questions designed to determine the examinee's knowledge and comprehension of the situation described.

Approximately 450 of the questions in the test are from the clinical science disciplines. Approximately the same number of questions are included from each of the following subjects: internal medicine, obstetrics and gynecology, pediatrics, preventive medicine and public health, psychiatry, and surgery, each with related sub-specialties. The questions, of the same form as those from the basic sciences, are designed to cover a broad spectrum of knowledge in each of the clinical areas. In addition to single questions the examinations include presentation of clinical problems in the form of case histories, charts, roentgenograms, pictures of gross or microscopic pathologic specimens, tables of laboratory data, and other graphic or tabular materials. Several questions are asked regarding the interpretation of these materials as they are related to clinical problems. These sets of questions are designed to explore the extent of the examinee's knowledge of clinical situations and to test ability to bring information from many different clinical and basic science areas to bear upon these situations.

All questions in the examination have been written by test committees of the National Board of Medical Examiners. These committees are made up of senior faculty members from U.S. and Canadian medical schools. They include teachers, investigators and clinicians, all with recognized prominence in their respective fields. A VQE test committee also made up of prominent medical educators has been appointed by the National Board of Medical Examiners to select the questions that appear in the VQE examination.

In this type of examination, no examinee is expected to obtain a perfect score. Even though not familiar with all aspects of a particular question, the examinee should use the information possessed in choosing an answer. Each examinee should answer all of the questions, marking for each what is thought to be the best answer. Only one choice should be marked for each question. Double answers and blank answers are treated as wrong answers.

To pass VQE, a score of 75 must be obtained on (1) the total group of basic science questions and (2) the total group of clinical science questions. Both sections of the examination must be passed in one seating. The candidate who passes will receive a report certifying that the examination requirements in medicine necessary to qualify for a VISA have been satisfactorily met. If a failing score is obtained on either the basic or clinical questions, the entire examination (basic and clinical science questions) must be repeated.

The score of 75 is not a percentage score but a scaled score. It is derived by a linear conversion from the precise number of questions the examinee answers correctly (raw score). The values involved in the linear conversion are based on the performance of American and Canadian medical students on these same questions. The score, therefore, is NOT based on a distribution curve of the raw scores of VQE examinees but rather is linked to the performance of U.S. and Canadian medical students.

CONTINUING NEED FOR ECFMG CERTIFICATION

The new amendments to the Immigration and Nationality Act are not applicable to those alien graduates of medical schools who are already lawful permanent residents of the United States or who seek residence as the parents, spouses, children, brothers, or sisters of United States citizens, or as the spouses or unmarried children of lawful permanent resident aliens of the United States. Such individuals therefore, are considered to be exempt from the examination requirements specified in public law 94–484.

Since the amendments relate to alien graduates of medical schools, they do not apply to United States citizen graduates of those schools. However, such U.S. citizens are considered to be foreign medical graduates.

Recently, the Secretary of Health, Education, and Welfare recommended that the Federal Government waive several provisions of the new law to allow a limited number of alien physicians to enter the United States as exchange visitor foreign medical graduates (EVFMG's), through June 30, 1978. Those EVFMG's who can qualify to enter under that waiver need not pass the Part I and Part II examinations of the National Board of Medical Examiners. However, they must hold ECFMG certification and meet all of the other requirements for an exchange visitor visa.

For all FMGs, ECFMG certification remains a requirement to enter accredited graduate medical education training programs in the United States and is a prerequisite for licensure in 45 of the 50 states. Therefore, the semiannual ECFMG examinations (and ECFMG English tests) will continue indefinitely, as previously announced and scheduled.

TRAINING PROGRAM MANPOWER PROJECTIONS FOR 1977–78

During more than two decades of intense activity in the fields of evaluation and examination of physicians throughout the world, ECFMG has developed many lines of communication with foreign educated physicians (FMG's), medical educators abroad and graduate medical education training program directors in this country.

Soon after the Health Professions Educational Assistance Act of 1976 (Public Law 94–484) was enacted by the signature of President Ford, the intensity of the activity of all of those lines increased sharply. Following the recognition of the proposed Visa Qualifying Examination as equivalent to the National Board Part I and Part II examinations by HEW Secretary Louis A. Califano, the level of correspondence and frequency of telephone calls increased sharply. However, activity within the ECFMG Correspondence Department—both mail and telephone calls reached a previously unprecedented peak level when the details of the "substantial disruption of health services" waiver became widely known throughout the United States and Canada.

Many times each day we hear from training program directors and hospital administrators who project that during mid-1977 their programs will experience a significant shortage in the total number of alien physicians upon whom they have relied in the past to fill positions in the graduate medical education training programs for which they have the staffing responsibility. Thus, at ECFMG we have heard a variety of estimates of the "shortfall" in numbers of trainees that many anticipate will cause a "substantial disruption" in the availability of the health care services provided by those programs.

In addition, we are aware of the projections which have been made by several prestigious national organizations in the undergraduate and graduate medical education and health care fields. ECFMG has no reason to doubt many of those projections. However, from our own computer file of Standard ECFMG Certificates issued each year, we believe that we can determine with reasonable accuracy the number of alien physicians who have entered this country each of the past several years. That figure has varied from about 6,500 to 7,500.

We assume that approximately 1,500 Exchange Visitor Foreign Medical Graduates (EVFMGs) will complete their training objectives during mid-1977, thus making positions available for about 1,500 EVFMG's to enter graduate medical education training programs after mid-1977. In addition, we assume that about an equal number of FMGs will enter in the first, second, fourth or fifth preference special immigrant categories. The new EVFMG's and the special immigrants, with the addition of a few USFMG's, and others who entered before Title VI of Public Law 94–484 became effective, could amount to 3,500±. Subtracting that figure from the number who entered in earlier years does leave a "shortfall" of several thousand alien physicians, who would be able to enter the United States later this year, if Public Law 94–484 were not being fully implemented.

SPECIAL PROBLEMS

Traditional programs of international exchange

ECFMG has heard of many traditional international exchange programs—usually of relatively short duration (and whose participants require J–1 Visas to enter this country), which will be severely disrupted (at least this year), if the positions were not occupied by J–1 Visa holders on January 10, 1977—as specified by the law. The breaking of such traditional ties with medical education systems in other countries can be expected to have a deleterious effect on medical education in those countries, and in the United States, and tarnish the image of the United States throughout the world.

Graduates of Canadian medical schools

For many years, the medical schools of Canada have been subjected to the same scrutiny in the process of accreditation as have those in this country. Thus, ECFMG has never considered graduates of medical schools in Canada, which are accredited by the Liaison Committee on Medical Education, as foreign medical graduates (FMGs). Therefore, graduates of those schools have not been required to take the ECFMG examination or to meet the requirements which FMGs must meet to enter for whatever purpose they may come to the United States.

Traditionally, many graduate medical education training programs in this country have depended heavily upon Candian medical school graduates as high quality trainees who have not only enhanced the level of education in those graduate medical education training programs, but in most cases they have returned to Canada to share the experience gained in this country with fellow Canadians.

Special circumstances

I will be prepared to discuss in detail specific cases and special circumstances which have been called to our attention at ECFMG as examples of problems for which at present Public Law 94-484 seems to allow little or no flexibility.

Respectfully submitted,

RAY L. CASTERLINE, M.D.,
Executive Director.

Mr. EILBERG. I hope in your remarks, then, Dr. Casterline, you will comment upon the questions that we have already asked this morning?

Dr. CASTERLINE. Yes, I have been here all morning.

Mr. EILBERG. Please go ahead and address yourself to the question in any way that you are concerned.

Dr. CASTERLINE. I think one of the major items that has been of concern to the chairman and to the committee has been the examination procedure. And I will extract that from my summary statement. I will read portions of it.

HEW has requested that the new examination which is being developed by NBME should be equivalent to parts I and II of the NBME examination for the purpose of the law. Since it will be a requirement for alien physicians seeking permanent or exchange visitor visas, it is called the visa qualifying examination.

The VQE will be a 2-day multiple choice examination. The first day will be composed of basic science questions from part I of the NBME examination, and the second day will consist of clinical science questions from NBME part II. Although the VQE is considered a single examination, candidates must achieve a passing score on each of the two parts. A passing score will be determined from the equivalent pass rates for U.S. candidate reference groups (second year medical students for the part I items and fourth year medical students for part II items).

VQE will be administered cooperatively by NBME and ECFMG at 6 locations in the United States and Canada and approximately 20 sites in other parts of the world as Dr. Margulies already mentioned. This is in contrast to the 160 sites around the world where we are administering the ECFMG examination. It will be offered annually with the first examination scheduled September 7-8, 1977.

At this point, I would like to interject a comment which is not in my summary about the date September 7 and 8.

In order to be equivalent, and as Dr. Margulies pointed out, equivalent in the eyes of HEW means equal—in order to be equivalent, it has been our feeling—in use of the editorial our, I am indicating the ECFMG and the National Board Administration process—that the examination should be given at the same time as a similar examination is given to American medical students in this country.

Now, there were two options. One was to give it on January 6 or 7, and the other was to give it on September 6 and 7. It was not possible to mount a prerequisite English test and mount the other administrative logistical problems that had to be solved in time to give it in June.

It could have been given, I am sure, in August, maybe even late July. But to make it truly equivalent or equal, it is being given at the same time. And many of the questions which are used in the visa qualifying examination will be taken the same time, same day, by U.S. students in U.S. medical schools. So this is about as equal as you can get and still be in a different examination.

Mr. **Sawyer.** I would like to interrupt you just a moment. Why if it takes so long to extrapolate this equivalent test from the basic test and it has to be equal, why not make it more equal and just give them the same test?

Dr. **Casterline.** The same test would be a 4-day examination.

Mr. **Sawyer.** Certainly 4 days would be a good trade-off for about 6 months which is what we are talking about.

Dr. **Casterline.** The problem there, is one of security in that it is not, although we feel our security measures are superb—and again, security is one reason why we are doing it this way, giving it in the number of centers where we have our best security—the National Board operating policies and procedures would not allow a full examination to be given to a graduate of a school other than one which is in the United States or Canada. That is the operating policy.

Mr. **Sawyer.** Why couldn't they give them last year's test?

Dr. **Casterline.** Because it would be a full certifying examination which is, I think, within their realm to determine, but I think in just logical consideration, the loss of a full certifying examination which would consist of about 2,000 items would be an enormous loss.

I think it is to be sure an enormous loss of people projected throughout the country, but I think the loss of 2,000 items if you ship it if it were to be hijacked or a shipment were to be picked up by some custom's official and sold as has happened from time to time with other examinations, not with ours, fortunately, but these are the considerations that were weighed very heavily.

But it was determined that the examination should be the same examination given at the same time. And I think this "at the same time" is very important because the items in an examination change as knowledge is updated.

There are new items which are brought into the picture and which show up dating of medical knowledge. So that to be identical, equal, and equivalent, actually there would be a substantial portion of the examination given in this country in this one day, part I of the national board, which will be given as part I of the VQE.

Mr. **Sawyer.** Do you agree they can have the results of those within a matter of a couple of days?

Dr. **Casterline.** No.

Mr. **Sawyer.** That rather surprised me.

Dr. **Casterline.** The scoring, we have a matter again of logistics of shipment. The shipment of materials out to the centers also has a lot to do with this timing, but the return of materials from centers internationally takes in the neighborhood of 4 or 5 weeks. Then about another week to 10 days is required to run the material through the electronic scanning and scoring machines and determine frequency curves and other things necessary.

So that by the time we have performed all this, it would be in the neighborhood of 6 or 7 weeks after the examination before the scores would be available. On that basis, I would say that an examination given in September 7, the individuals will be notified likely sometime in November. And on that basis, the likelihood of anyone being available to enter this country prior to January is very unlikely.

Mr. Eilberg. And what happens, Dr. Casterline, between now and January? These foreign medical graduates simply can't immigrate to the United States?

Dr. Casterline. Well, I believe—and this again is diverting from my prepared statement, but I believe—in response to one of the questions you have asked previously, as the word was used, uncapping the J visa category would really not perpetuate the problem if the law were to remain intact otherwise.

As you are aware, in the law, the J visa holder if he was an ECFMG exchange graduate can remain in the country 2 years with the outside possibility of a third year if his own country feels that he should have this additional year of training. That, I believe, is a control mechanism.

We have a computerized electronic data system of supervising and policing, if the word should be used, the exchange visitors who are in this country for graduate medical education and training.

Mr. Eilberg. Lifting the cap as you have described it, is that an administrative matter or legislative matter?

Dr. Casterline. That's really beyond my purview, whether it is administrative or legislative. That, I wouldn't feel competent to comment upon. But I believe if it could be limited either by administration or legislative action, we could maintain computerized training history as we have on everyone of the 5,200 or so exchange visitors we have in our records now which would allow us to maintain close control over them, allow them to come in to begin with ECFMG certification which would bypass the immediate needs of the part I, part II or VQE requirement and would, I believe, allow a pool large enough to fill the demands to enter.

We know that we have a record of at least 12,000 people who have passed ECFMG examination since January 1, 1976. Those people who have met the more rigorous English language requirements and are people who would otherwise qualify if it weren't for the immediate VQE.

So we feel those are people who could be admitted and would provide a pool that would supply a substantial number of places that are crying or calling for help.

Mr. Eilberg. Our problem with this suggestion is that there is insufficient evidence of any monitoring by any governmental agency or private agencies. What you are suggesting is the perpetuating of many of the abuses.

Dr. Casterline. I think that much of the information that you have had from the past is true that there has not been policing. I think Mr.

Cook mentioned this morning in his discussion of the request that for an earlier Commission on Foreign Medical Graduates and currently the educational commission handled the sponsorship that within the last several years and particularly within the past year since we have now a record of about 5 years' activity in our computer that we have a firm grip on these people.

We know what their training objectives are. We know they cannot overstay the training objectives. To be sure, during this time, many of them were able to adjust their status from that of J-1 to some other status, but that is not really again within our ability to make. But it is in the law that they may not obtain the waiver of return home of the government. They will have to return home.

And I think in the 2 or 3 year period they are here, it will not have a deleterious effect upon our system of medicine in this country.

Mr. EILBERG. Mr. Sawyer, I interrupted you. Did you have any additional questions to ask?

Mr. SAWYER. No, Mr. Chairman.

Mr. EILBERG. Dr. Casterline, various recommendations have been made over the years that there be a single testing procedure of U.S. medical graduates and FMG's entering the graduate medical education programs in the United States. What has prevented the establishment of such a uniform testing procedure? Do you think the uniform test for both will ever be developed?

Dr. CASTERLINE. Yes, indeed. I believe that the examination of which you are speaking is now underway as far as development. Development is underway, and it is what is known as a comprehensive qualifying examination. It is a sound line for VQE. It is called CQE. I believe we have in place with the method we have worked out to handle the VQE a methodology whereby we will be able to administer a comprehensive qualifying examination which will be taken both by Americans and foreign medical graduates around the world.

This has not been fully completed. The examination itself is being worked upon by the National Board of Medical Examiners. They are actively proceeding to not only develop it to begin with, but to begin testing some of the items. And it will be an entirely different sort of examination from those that we have been talking about today. It will be an examination which will not test simple recall of knowledge; it is an examination which has an entirely new concept which will require the individual to apply this knowedge to certain clinical situations such as a case of jaundice. He will have to apply his basic science, clinical science, in order to show that when he enters a training program, he at least knows how to approach a case of jaundice.

Mr. EILBERG. When do you predict that this new examination will be offered?

Dr. CASTERLINE. I think we are looking for a period of 2 or 3 years as a minimum in the future. I think it could be as long as 5 years without proper stimulus.

Mr. EILBERG. It is my understanding that the Association of American Medical Colleges in the 1974 report recognized the inadequacy of the ECFMG examination in measuring competency to enter into our graduate medical education system. What efforts has the commission made over the years to improve its examination as a screening device?

And to what extent have they improved the current exam of competency in English?

Dr. CASTERLINE. Within the past 2 years, we have strengthened our examination by increasing the number of basic science items so that our minimum passing standard score now is actually in excess of that which is required by national board part II whereas I pointed out in my comments here that the national board part II standard passing score, minimum passing score, is the standard score 290. Our minimum passing score on our total examination is about 305.

This is, I think, indication of the improvement in the quality and the strengthening of it. And in fact, you should know and I am sure you may have heard, the ECFMG examination is derived from the same pool in which the national board standard is derived, its own examinations, and derives the federation licensing examination and also derives the VQE.

The FMG's are rated one to one against the performance of U.S. graduates. A reference group of at least 5,000 U.S. students will have taken those same items. And the performances is item-to-item basis and not on the basis of even a curve of their own performance action. An English examination, I will discuss later.

Mr. EILBERG. Dr. Casterline, we are running out of time. We will have to end, unfortunately, the hearing in moments now because of the rollcall and other obligations of the members.

I wonder if you would be able to submit for the record a copy of a medical examination.

Dr. CASTERLINE. A copy of an examination?

Mr. EILBERG. Yes.

Dr. CASTERLINE. I am not able to do so. The medical examination is the property of the National Board of Medical Examiners. It is copyrighted, and all rights are reserved by national board. So we do not have the examination to release.

Mr. EILBERG. So that we would have to deal with them in order to obtain a copy if we need it?

Dr. CASTERLINE. Yes; that's right.

Mr. EILBERG. I would like to place on the record here certain material which deals with the Education Commission for Foreign Medical Graduates, the results of the 1976 ECFMG examinations, and a pamphlet entitled, "Educational Commission for Foreign Medical Graduates."

[The articles follow:]

JANUARY, 1977

INFORMATION
BOOKLET

(This booklet
supersedes all
previously published
editions.)

Educational Commission for Foreign Medical Graduates

See "Special Notes," Page 29

EXAMINATION DATES

July 27, 1977 (Examination No. 49)

January 25, 1978 (Examination No. 50)

COMPLETE APPLICATION (see pages 5-8)
MUST BE RECEIVED IN ECFMG OFFICE NOT LATER THAN

April 27, 1977, for Examination No. 49

October 25, 1977, for Examination No. 50

For additional copies and application forms write ECFMG
3624 Market St., Philadelphia, Pa. 19104, U.S.A.
Telephone: Area Code 215: 349-9000
215: 386-5900
Cable: EDCOUNCIL, Philadelphia, Pennsylvania, U.S.A.

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Definition of Foreign Medical Graduate

ECFMG and its sponsoring organizations define a "foreign medical graduate" as a physician whose basic medical degree or qualification was conferred by a medical school outside the United States (including Puerto Rico) and Canada that is listed in the World Directory of Medical Schools, published by the World Health Organization. United States citizens who have had their medical education in schools outside the United States (including Puerto Rico), and Canada are therefore considered to be "foreign medical graduates," while foreign nationals who have graduated from medical schools in the United States (including Puerto Rico) and Canada are not.

Need for ECFMG Certification

Graduate training programs (residencies) are under the supervision of the Liaison Committee on Graduate Medical Education (LCGME). Under the rules established by the LCGME, a foreign medical graduate must be certified by ECFMG before he is eligible for appointment to an accredited graduate medical education program in the United States (including Puerto Rico).

(In certain rare exceptions in the case of foreign medical graduates who hold a license to practice medicine in the United States and in the case of United States citizens who have passed the examination of one of the state boards of medical examiners or have completed a special course of study prescribed by the AMA, entry to accredited training programs is possible without ECFMG certification.)

Also, under the registration standards of the American Hospital Association (AHA), ECFMG certification is considered by AHA the most readily available method to facilitate establishing eligibility of a foreign medical graduate to assume responsibilities for patient care in a hospital registered by AHA. ECFMG certification is usually required for work in pathology, radiology, and clinical research, as well as in the fields directly concerned with the care of patients.

ECFMG certification is not required for appointments in pure laboratory research, but foreign medical graduates who come to the United States for laboratory research almost invariably wish, sooner or later, to take an appointment for which ECFMG certification is required. Such physicians are well-advised to take the ECFMG examination at the earliest opportunity, in order to be able to accept clinical appointments later without further formality.

Except for a very small number of research fellowships, for which candidates are usually selected by their own government or by their medical school faculty, there are no training positions in the preclinical sciences in United States hospitals.

Independent medical practice in the United States and most hospital appointments other than as a resident, require a license to practice medicine in one of the states. All states require one or more of the following, 1) United States citizenship (or at least a declaration of intention to become a citizen); 2) ECFMG certification; 3) a residency in the United States (for which ECFMG certification is a prerequisite), before admitting a graduate of a foreign medical school to their licensure examinations.

In the circumstances described above, passing the ECFMG examination is normally the first step that must be taken by a foreign medical graduate who wishes to come to the United States for training or for medical practice.

Handbook for Foreign Medical Graduates

Physicians in other countries who wish to learn more about advanced clinical training in United States hospitals may wish to refer to the *Handbook for Foreign Medical Graduates*, which is published by ECFMG. (It is not a book that assists candidates in preparing for the examination.) In the past, copies have been sent to every medical school library and to every library maintained in United States Embassies and Consulates. One complimentary copy is sent (by surface mail) to each new applicant who is registered for the ECFMG examination. In addition, single copies of the book may be secured from ECFMG, postage-free, for $3.00 in United States funds, paid in advance.

Requirements for ECFMG Certification

A foreign medical graduate who wishes to be certified by ECFMG must (a) successfully complete the educational requirements outlined below and submit to ECFMG the documentation prescribed on pages 10-13, and (b) pass the ECFMG examination. Under no circumstances can ECFMG certification be based solely on medical credentials from other countries, no matter how advanced.

Educational Requirements

A candidate for ECFMG certification must have had at least four credit years (academic years for which he has been given credit toward completion of the medical curriculum) in attendance at a medical school that is listed in the *World Directory of Medical Schools* at the time of graduation. The directory which is published by the World Health Organization contains information supplied by the country concerned.

The candidate must have successfully completed the full medical curriculum prescribed by the medical school or by the country in which it is located, and must have fulfilled all of the educational requirements to practice medicine in the country in which he has had his medical education. *A national of the country concerned must have obtained an unrestricted license or certificate of registration to practice medicine in that country.*

The qualifications are listed by country on pages 10-13, as is the documentation that must be submitted to ECFMG, before a candidate will be eligible for an ECFMG examination or certificate, if he passes the ECFMG examination.

Ineligible Practitioners

Practitioners with the following qualifications are not eligible for admission to the ECFMG examination or for ECFMG certification:

1. Graduates of schools in the British Commonwealth who hold the diploma of Licensed Medical Practitioner or Assistant Medical Practitioner or who have other medical qualifications that are not sufficient for registration with the General Medical Council of the United Kingdom;
2. Graduates of similar schools in other countries;
3. Graduates of departments or institutes of stomatology or hygiene (sanitation).

ECFMG Examination

The examination is given semi-annually, usually in January and July, in the centers in the United States and abroad that are listed on pages 30-31. It is a one-day examination, given on the same day throughout the world, in morning and afternoon sessions. Candidates are notified by mail of the results, *about* six weeks after the date of the examination.

Specific details about the examination content and procedure will be found on page 22.

Application Procedures

A foreign medical graduate who wishes to take the ECFMG examination must make application on the prescribed Application for Examination. **A postcard, letter or cablegram cannot be accepted in lieu of the regular application form.**

The application form **must not be used** for any purpose **except to apply for an examination.** If a candidate has submitted an application for a coming examination, he **must not** use another application form to request a change of examination center, to notify ECFMG of a change of address, to accompany a payment, additional photographs or medical credentials.

A candidate may not be registered for more than one examination at a time.

A candidate may not be registered simultaneously for more than one center.

EACH APPLICANT MUST BE SURE THAT ALL REQUIRED PORTIONS OF THE APPLICATION FORM HAVE BEEN COMPLETED BEFORE IT IS SUBMITTED TO ECFMG.

IF AN APPLICATION IS DEFICIENT IN ANY RESPECT, THE CANDIDATE WILL BE NOTIFIED AS SOON AS POSSIBLE. SINCE APPROXIMATELY HALF OF ALL APPLICATIONS FOR A GIVEN EXAMINATION ARE RECEIVED DURING THE THREE WEEKS BEFORE THE DEADLINE DATE, A CANDIDATE WHOSE APPLICATION IS RECEIVED DURING THAT TIME SHOULD EXPECT A DELAY IN NOTIFICATION OF ANY DEFICIENCIES. THEREFORE, APPLICATION SHOULD BE MADE AS EARLY AS POSSIBLE.

The applicant must submit his completed application directly to the Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pennsylvania 19104, U.S.A. The completed application MUST BE RECEIVED in the ECFMG office at least three months before the date of examination for which the candidate is applying.

First Application for Examination

A *complete application for first examination* consists of ALL of the following items:

1. Both Part A and Part B of the Form 104, Application for Examination must be filled out completely. As noted on Part B of the Application Form, circled item ⑧ (Certification), **the applicant must sign his full name in Latin characters** on the indicated line, but only in the presence of a notary public, the Dean, Vice-Dean, or Registrar *only* of a medical school, First Class Magistrate, or a consular official, who *must* sign, date, and signify an official title on the indicated line.

   The form must be accompanied by three full-face recent photographs, about 3 x 2½ inches (about 7.5 x 6.0 cm). One photograph must be permanently attached to the indicated space on the application form. **The notarial seal, stamp or signature of the medical school or consular official must cover a portion of both the attached photograph and the application form.** These photographs are used solely for identification of the candidate.

   If the candidate has previously submitted a complete application to take the ECFMG examination, please follow exactly the instructions given below.
2. Form 304, Notice of Receipt of Application must accompany the application.
3. Candidates who have received the medical degree or qualifications specified in the section "Documentation of Medical Credentials" on pages 10-13, must submit the documentation

prescribed in that section. Undergraduates must submit the documentation prescribed in the section on page 13. Any document not in English *must* be accompanied by an official English translation (see page 10).

4. Payment of the required examination charge (see pages 9-10).

Application for All Subsequent Examinations

A candidate who has previously applied for ECFMG examination, and who has been assigned an ECFMG number, **must enter that number** on his Application for Examination, and on **any other material** that is included with his application. It is especially important that the candidate's name and ECFMG number be shown on all communications to ECFMG and on all payments.

If the first question on the application form is not answered, or if it is found that the question has not been answered correctly, the candidate's application will not be processed.

A *complete application for subsequent examinations*, consists of ALL of the following items:

1. Part A of the Form 104, Application for Examination must be filled out completely and MUST be signed in Latin characters in the space indicated for applicant's signature, circled item ⑦.
2. Form 304, Notice of Receipt of Application must accompany the application.
3. Payment of the required examination charge (see pages 9-10).
4. If the applicant's status has changed from undergraduate to graduate, the documents prescribed on pages 10-13 must be sent with the application. Or, if the prescribed documents cannot be sent, an explanation of the candidate's medical educational status, satisfactory to ECFMG, must accompany the application.

ECFMG Applicant Number

When an application is received from a candidate who has not previously applied to take the ECFMG examination, an ECFMG applicant number is assigned to him. This number becomes his **permanent identification number. It must be used in all future communications with ECFMG, and must be entered on any subsequent application forms** and on all payments submitted by or for the candidate. The ECFMG number of each successful candidate is shown on his ECFMG certificate.

Candidate's Name

Candidates must use only one form of their name on their first application for examination, any application necessary for reexamination and in all communications with ECFMG. Any request for change in name must be accompanied by a marriage certificate or other legal document such as a court order or attestation before a notary public or first-class magistrate and, if it is not in English, the document must be accompanied by an English translation (see requirements for English translations - page 10).

Candidate's Address

The address that the candidate enters on the application form will be used in all communications with the candidate until he notifies ECFMG *in writing* that his address has been changed. If a candidate changes his address, it is important that he **notify ECFMG** as soon as he knows what his new address will be.

Registration

When a candidate's completed application is received in the ECFMG office by the published deadline date, the application is processed. The candidate is registered to take the examination in the examination center of his choice, unless:

(a) his application is grossly incomplete;
(b) his credentials are found to be deficient;
(c) he fails to make the prescribed payment;
(d) the center for which he has applied is overcrowded or otherwise not available.

Once a candidate submits an application, he may not withdraw it or cancel his registration. If for any reason a candidate who is duly registered for an examination fails to take it, he incurs the charge shown below.

Examination Date and Center

If the candidate does not specify an examination date and/or center on his application, the application will be rejected.

Change of Examination Center

After an application for a specified examination has been submitted, a change in the selection of the examination center will be permitted unless the center requested is restricted or overcrowded. However, the request for change of examination center must be received in the ECFMG office not later than two months before the date of the examination (May 27, 1977 for Examination No. 49 and November 25, 1977 for Examination No. 50). Payment of $25 must accompany your written request. Requests for changes received after the printed deadline dates cannot be honored.

A request for change of center must be made by the candidate himself, by letter or telegram. An application form used for this purpose cannot be honored.

Examination Permit

An examination permit is mailed to each candidate who is duly registered, about three weeks before the date of the examination. *Individual permits cannot be issued earlier.* For additional information, see page 23, Nos. 4 and 5.

Reexaminations

If a candidate meets the application requirements shown on pages 5-7, the payment requirements on pages 9-10, and the medical educational credential requirements described on pages 10-13, he may be admitted to an indefinite number of examinations. Restrictions for candidates with incomplete credentials are listed on page 13.

Charges

ECFMG incurs substantial expense in furnishing information and publications to prospective candidates, evaluating credentials, processing applications, arranging for and conducting examinations at multiple examination centers, and engaging in other activities connected with its educational program. In order to provide financial support for these varied activities, it is necessary that the expenses be shared by the individual candidates.

Additional expense is involved when a candidate changes his plans after submitting an application. It is therefore necessary to make charges to cover this expense.

Schedule of Charges:*

Schedule of charges effective with the July 27, 1977 ECFMG examination:

First examination	$90.00
Each subsequent examination	75.00
English test only	25.00
Change of examination center	25.00
Cancellation of registration for non-payment of charges	25.00
Failure to appear for examination	25.00
Failure to complete examination	25.00
Evaluation of application and/or credentials found to be incomplete	25.00

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*Charges Subject to Change Without Notice

Payment for ECFMG Examination

New Payment Rules—Effective July 27, 1977

Effective with the July 27, 1977 ECFMG examination, applicants applying for their first or subsequent examinations, or ECFMG English tests, will be required to have clear financial accounts at least seven weeks before the date of the examination, or the applicants' registration will be canceled, their accounts charged $25, and they will not be admitted to the examination.

June 8, 1977 is the deadline date for payment for the July 1977 ECFMG examination, and December 7, 1977 is the payment deadline for the January 1978 ECFMG examination Payment must be received in the ECFMG office by the dates specified above.

Method of Payment

All checks, bank drafts, and money orders must be

made payable to the Educational Commission for Foreign Medical Graduates (or ECFMG).

All payments from outside the United States must be made in United States funds, preferably through a United States bank. Because of the risk involved, payments should not be made in cash. Any cash payment is made at the risk of the sender. The candidate's name, and his ECFMG number, if he knows it, should be fully and accurately shown on all checks, bank drafts, UNESCO Coupons or money orders.

Balance Owed by Candidates Who Have Passed the Examination

Candidates who have passed the ECFMG examination must pay any "Due Later" balance remaining on their accounts as soon as they arrive in **Australia, Canada, New Zealand, South Africa, or the United States (including Puerto Rico), whether or not they are eligible for, or need, ECFMG Certification.**

All charges must have been paid before the Standard ECFMG Certificate can be issued, but it should be understood that the charges are for the examination, not for the certificate.

Refunds

If candidates have credit balances in their ECFMG accounts, the amount will be refunded to them upon their request. If candidates apply for an examination and pay the full examination charge (plus any accumulated previous charges), and later decide not to take the examination, their accounts will not show a credit balance until it has been determined after the examination that they have, in fact, not taken it.

Documentation of Medical Credentials

The following tabulation shows the medical credential qualification or qualifications that must be obtained by **graduates** of medical schools of various countries, and the documents that must be submitted to ECFMG before candidates will be eligible **for an ECFMG examination, certification** and appointment to an accredited graduate medical education program in the United States (including Puerto Rico), if they pass the ECFMG examination. See section "Educational Requirements," on page 4.

The medical degree or other qualification required must be a photocopy of the actual document showing that the specified medical degree or qualification has been awarded. Any document not in English **must** be accompanied by an English translation, **prepared by** and certified to be correct by a government official, medical school official or other recognized translator. The translation must be signed and dated by the person who prepares it, and it should appear on official stationery.

Please also note that a certified English translation of any document alone is not acceptable, and a photocopy of a foreign document without a certified English translation is also not acceptable. Candidates may not prepare their own translations, even if they attest to the accuracy before one of the officials noted above.

A certificate **showing that the candidate has passed his final examinations is not acceptable in lieu of the diploma.** A Standard ECFMG Certificate will **not** be issued on the basis of "provisional" credentials.

In cases where a license to practice medicine or a certificate of full registration is required, this, too, must be a **photocopy of the certificate,** not a typed copy, and must be accompanied by an English translation, if it not in English.

Country	Medical Degree or Other Qualifications Required*
Afghanistan	Doctor of Medicine diploma
Albania	Physician diploma
Algeria	Docteur en Médecine diploma
Angola	Licenciatura em Medicina diploma plus certificate of licensure (1)
Argentina	Médico diploma endorsed as a license (2)
Australia	M.B., B.S. diploma plus Certificate of Registration (1)
Austria	Medicinae Universae Doctor diploma plus internship certificate (3)
Bangladesh	M.B., B.S. diploma plus Certificate of Full Registration
Belgium	Docteur en Médecine Chirurgie et Accouchements diploma or Dokter in de Genees-.Heel-en Verloskunde diploma
Bolivia	Titulo de Médico Cirujano
Brazil	Doutor em Medicina or Médico diploma
Bulgaria	State Examination Certificate
Burma	M.B., B.S. diploma
Cameroon	Docteur en Médecine diploma
Chile	Licienciado en Medicina or Titulo de Médico Cirujano
China (Taiwan)	B.M. or B.S.M. diploma
Colombia	Doctor en Medicina y Cirugía diploma validated as license
Costa Rica	Doctor en Medicina y Cirugía diploma
Cuba	Doctor en Medicina diploma
Czechoslovakia	Medicinae Universae Doctor or Promovany Lekar diploma
Denmark	Candidatus Medicinae et Chirurgiae diploma plus certificate of licensure (16)
Dominican Republic	Doctor en Medicina diploma plus certificate of licensure (4)
Ecuador	Doctor en Medicina y Cirugía diploma
Egyptian Arab Republic	M.B., Ch.B diploma plus certificate of licensure
El Salvador	Doctor en Medicina diploma
Ethiopia	Doctor of Medicine diploma
Fiji	Diploma of Surgery and Medicine plus certificate of registration
Finland	Licentiate in Medicine diploma
France	Docteur in Médecine diploma
German Democratic Republic	State Examination certificate plus certificate of licensure
Germany, Federal Republic of	Approbation als Arzt (5) Bestallung als Arzt
Ghana	M.B., Ch.B. diploma plus Certificate of Registration
Greece	Ptychion iatrikes diploma plus certificate of licensure
Guatemala	Médico y Cirujano diploma
Guinea	Doctorat en Médecine diploma
Haiti	Docteur en Medecine diploma plus certificate of licensure (1)

**Subject to change without notice. ECFMG requires the credentials prescribed by the country in which a medical school is located.*

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1. Full registration or certificate of licensure is required of candidates whose degrees are dated after June 30, 1974.
2. A non-Argentinian must submit certification showing that he has completed the hospital training that would satisfy Argentine requirements for licensure after December 31, 1974.
3. The internship in Austria must be of at least 12 months duration. Non-Austrian students who are required to have an extra six months of clinical work before the medical degree is granted will be required to have only six months of Turnus.
4. Full licensure is required of candidates receiving the degree of Doctor en Medicina after December 31, 1973.
5. If a non-German is not eligible to receive the Approbation als Arzt, he must submit a certificate from a German Government official, certifying that he has completed all of the requirements that would entitle him to the Approbation als Arzt if he were a German citizen.

Country	Medical Degree or Other Qualifications Required*
Honduras	Doctor en Medicina y Cirugía diploma
Hong Kong	M.B., B.S. diploma plus Certificate of Full Registration
Hungary	Doctor of Medicine diploma
Iceland	Candidatus Chirurgiae et Medicinae diploma plus certificate of licensure (6)
India	M.B., B.S. diploma plus Certificate of Full Registration
Indonesia	Doktor diploma
Iran	Doctor of Medicine diploma
Iraq	M.B., B.Ch. diploma
Ireland	M.B., B.Ch. diploma (7) plus Certificate of Full Registration (1)
Israel	Doctor of Medicine diploma
Italy	Laurea in Medicina e Chirurgia diploma plus certificate of licensure (8)
Ivory Coast	Docteur d'Etat en Médecine diploma
Jamaica	M.B., B.S. diploma plus certificate of full registration (9)
Japan	Igakushi (Bachelor of Medicine) diploma plus certificate of full licensure
Kenya	M.B., Ch.B. diploma plus Certificate of Full Registration
Khmer Republic (Cambodia)	Docteur en Médecine diploma
Korea, Republic of	Euhaksa (Bachelor of Medicine) diploma plus certificate of licensure (10)
Laos	Docteur en Médecine diploma
Lebanon	Doctor of Medicine diploma
Liberia	Doctor of Medicine diploma plus certificate of licensure (11)
Libyan Arab Republic	M.B., B.S. diploma plus certificate of licensure
Madagascar	Docteur en Médecine diploma
Malaysia	M.B., B.S. diploma plus Certificate of Full Registration
Malta	Doctor of Medicine and Surgery diploma
Mexico	Titulo de Medico Cirujano endorsed as license, or Acta de Examen Profesional for non-Mexican citizens
Mongolia	Medicinae Doctor diploma
Morocco	Docteur en Medecine diploma
Mozambique	Licenciatura em Medicina diploma plus certificate of licensure (12)
Netherlands	Artsexamen certificate
New Zealand	M.B., Ch.B. diploma plus Certificate of Full Registration (1)
Nicaragua	Doctor en Medicina y Cirugía diploma
Nigeria	M.B., B.S. diploma plus Certificate of Full Registration
Norway	Candidatus Medicinae certificate plus certificate of licensure (1)
Pakistan	M.B., B.S. diploma plus Certificate of Full Registration
Panama	Doctor en Medicina diploma plus certificate of licensure (13)
Papua New Guinea	M.B., B.S. diploma plus certificate of licensure (14)
Paraguay	Doctor en Medicina y Cirugía diploma
Peru	Médico Cirujano diploma endorsed as license (16)
Philippines	Doctor of Medicine diploma plus registration certificate (15)
Poland	Doctor of Medicine or Lekarz diploma plus certificate of licensure (1)
Portugal	Licenciatura em Medicina diploma
Rhodesia	M.B., Ch.B. diploma
Romania	Medic diploma
Rwanda	Doctorat en Médecine diploma plus certificate of licensure (16)
Saudi Arabia	M.B., B.S. diploma plus Certificate of Full Registration
Senegal	Doctorat d'Etat en Médecine diploma
Singapore	M.B., B.S. diploma plus Certificate of Full Registration
South Africa	M.B., ChB. diploma plus Certificate of Full Registration (1)
Spain	Licenciado en Medicina y Cirugia diploma

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6. Full licensure is required of candidates receiving the Candidatus Chirurgiae et Medicinae degree after December 31, 1973.
7. The degree of Bachelor of Medicine and Bachelor of Surgery or another medical qualification that is sufficient to permit registration with the General Medical Council.
8. A non-Italian must submit a certificate showing that he has completed the hospital training that would admit him to the licensure examination if he were a citizen of Italy.
9. Full licensure is required of candidates receiving the M.B., B.S. degree after December 31, 1973.
10. Full licensure is required of candidates receiving the Euhaksa (Bachelor of Medicine) degree after December 31, 1973.
11. Certificate of licensure is required of candidates receiving the degree Doctor of Medicine after November 7, 1974.
12. Certificate of licensure is required of candidates receiving the degree Licenciatura em Medecine after September 27, 1974.

Country	Medical Degree or Other Qualifications Required*
Sri Lanka (Ceylon)	M.B., B.S. diploma plus Certificate of Full Registration
Sudan	M.B., B.S. diploma
Surinam	Geneesheren (Physician) diploma
Sweden	Lakarexamen certificate or Medicine Licentiat certificate
Switzerland	Diplôme fédéral or Certificate d'Etudes Medicales
Syrian Arab Republic	M.D. or M.B., B.S. diploma
Tanzania, United Republic of	M.D. diploma plus Certificate of Registration
Thailand	Bachelor of Medicine diploma plus certificate of licensure
Tunisia	Docteur en Médecine diploma
Turkey	Doctor of Medicine diploma
Uganda	M.B., Ch.B. diploma plus Certificate of Full Registration
U.S.S.R.	Vrac diploma (General Therapeutists, Pediatricians only)
United Kingdom of Great Britain and Northern Ireland	M.B., Ch.B. diploma (7) plus Certificate of Full Registration (1)
Uruguay	Doctor en Medicina diploma
Venezuela	Médico Cirujano diploma
Viet Nam, Republic of	National Doctor of Medicine diploma
Yugoslavia	Lekar or Zdravnik diploma plus internship certificate (17)
Zaire (Congo)	Docteur en Médecine, Chirurgie et Accouchements diploma
Zambia	Medical diploma plus Certificate of Registration

**Subject to change without notice. ECFMG requires the credentials prescribed by the country in which a medical school is located.*

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13. Full licensure is required of candidates receiving the degree of Doctor en Medicina after December 31, 1973.
14. Certificate of licensure is required of candidates receiving the degree Bachelor of Medicine after September 18, 1974.
15. Graduates of medical schools in the Philippines, whose medical diplomas are dated January 1, 1969, or later, must present a copy of their Registration Certificate, if they are Philippine citizens. Non-citizens must have the medical diploma and one year of internship.
16. Certificate of licensure is required of candidates whose degrees are dated after June 30, 1975.
17. Proof of completion of 12 months of internship is required of candidates whose degrees are dated after June 30, 1974.

Candidates with Incomplete Credentials

Undergraduate Physicians

Medical students may be admitted to the examination after they have completed two years of medical education in a medical school that is listed in the current edition of the *World Directory of Medical Schools*. They may be admitted to the examination on the basis of the statements concerning their medical education status entered on their application forms, which the applicants must sign and swear to (or affirm) before a notary public, Dean, Vice Dean, or Registrar *Only* of a medical school, First-Class Magistrate, or a consular official.

If repeat examinations become necessary, candidates may be admitted to future examinations until the date when **they expect** to receive all of the medical credentials required for ECFMG certification, **as shown on their applications.** If further examinations are required beyond that time, they will be required to submit the final documentation prescribed on pages 10-13, or include with their applications an explanation of their current medical education status, **satisfactory to ECFMG.**

Applicants must send the final documentation of their medical credentials to ECFMG **as soon as they have received them.**

Candidates with Complete Credentials

Graduate Physicians

Candidates who are graduate physicians and who have received the medical degree or other qualifications prescribed on pages 10-13 must submit the complete documentation prescribed on those pages **with** new applications or reapplications for ECFMG examination, unless those credentials are present in their ECFMG candidate files.

Fields Covered by the ECFMG Examination

The examination is designed as a comprehensive test of candidates' knowledge in the principal fields of medicine. It is a written examination which includes approximately 360 questions of the multiple-choice type, and is given **only** in English. Most of the questions are chosen from the clinical fields of internal medicine (including mental diseases and preventive medicine), surgery, obstetrics and gynecology, and pediatrics. One sixth of the questions are chosen from the basic medical sciences of anatomy, biochemistry, microbiology, pathology, pharmacology, and physiology.

The questions are selected by the ECFMG Test Committee, which is made up of medical educators who are outstanding in their respective fields, from the large pool of examination questions maintained by the National Board of Medical Examiners. Every question used on the ECFMG examination has been used previously in at least one examination of the National Board of Medical Examiners for at least 5,000 students or graduates of medical schools in the United States and Canada.

Preparation for the ECFMG Examination

ECFMG examinations given in the past are not made public.

Candidates preparing for the ECFMG examination are urged to review recent editions of standard English-language textbooks. Examples of textbooks in each clinical field that are in common use by students in American medical schools are listed below. No textbooks are listed in the basic medical sciences, because the basic science questions used in an ECFMG examination almost invariably have a clinical orientation, and therefore are covered in clinical textbooks.

Large numbers of books are available to United States medical students, and many excellent textbooks have necessarily been omitted. This list should therefore be looked upon as a representative sample of modern American textbooks, but not by any means as a comprehensive or exclusive listing, or as a listing of the "best books" in each field.

Libraries of medical schools and hospitals may have some of these books. Persons or organizations wishing to purchase books should inquire at their local bookstore or write directly to the publishers. **ECFMG cannot give any of these books to candidates or act as agent in procuring them.**

Candidates who are not familiar with multiple-choice examinations may find it useful to review material that illustrates this type of examination. An excellent discussion of the principles and practice of multiple-choice examinations may be found in the book *Measuring Medical Education*, by John P. Hubbard, M.D., available directly from the publisher Lea and Febiger, Philadelphia, Pennsylvania.

ECFMG neither publishes, distributes, nor recommends medical review books. Books purporting to be compilations of old ECFMG examination questions are unauthorized and some that have come to the attention of ECFMG contain many inaccuracies. Even if books of this sort were accurate, a substantive review of subject matter can be done much better by studying textbooks than by going over old examinations.

Textbooks in Common Use in United States Medical Schools, 1977

MEDICINE

Beeson, P. B. and McDermott, W., eds. Cecil-Loeb, Textbook of Medicine, 14th ed. Philadelphia, Saunders, 1975. 1970 p. 2 vol. ed.

Wintrobe, M. M. and others, eds. Harrison's Principles of Internal Medicine. 6th Ed., New York, McGraw-Hill, 1979. 1920 p. 1 vol. ed.

SURGERY

Sabiston, David, ed. Davis-Christopher Textbook of Surgery, 10th ed. Philadelphia, Saunders, 1972. 1493 p.

Rhoads, J. E., and others, eds. Surgery: Principles and Practice. 4th ed. Philadelphia, Lippincott, 1970. 1864 p.

Dunphy and Way, Current Surgical Diagnosis and Treatment. Los Altos, California. Lange Medical Publications, 1975.

OBSTETRICS AND GYNECOLOGY

Hellman, L. M. and Pritchard, J. A., Williams' Obstetrics. 14th ed. New York, Appleton-Century-Crofts, 1971. 1242 p.

Novak, E. R., Jones, G. S., and Jones, H. W. Novak's Textbook of Gynecology, 8th ed. Baltimore, Williams and Wilkins, 1970. 746 p.

Wilson, J. R. and others, eds. Obstetrics and Gynecology. 4th ed. St. Louis, Mosby, 1971. 638 p.

PEDIATRICS

Barnett, H. L., ed. Pediatrics. 15th ed. New York, Appleton-Century-Crofts, 1972. 2070 p.

Nelson, W. E., Vaughan, V. C., and McKay, R. J., eds. Textbook of Pediatrics, 10th ed. Philadelphia, Saunders, 1975. 1876 p.

GENERAL REVIEW

Wright, Arthur W., ed. Rypins' Medical Licensure Examinations, 12th ed. Philadelphia, Lippincott, 1975. 1000 p.

Types of Questions Used

Medical Portion of Examination

The following sample questions show the various types used in the medical portion of the ECFMG examination. They are in no way intended to illustrate either the scope of any portion of the examination or the degree of difficulty of questions. The correct answers to all of the sample questions in this section are given on page 19.

A. ONE BEST RESPONSE TYPE—This is the most frequently used type of multiple-choice question. Directions for it read as follows:

> **Directions:** Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the *one* that is BEST in each case and fill in the circle beneath the corresponding letter on the answer sheet.

The following question illustrates this type, although it is much too easy for an ECFMG examination.

1. To which system of the body does the heart belong?
   (A) The genitourinary system
   (B) The central nervous system
   (C) The cardiovascular system
   (D) The respiratory system
   (E) The musculoskeletal system

The correct answer is, of course, (C). If now we wish to make this question somewhat more difficult and to avoid naming the correct system among the choices, we can omit the cardiovascular system and substitute an alternative choice: "None of the above." The question would then appear:

2. To which system of the body does the heart belong?
   (A) The genitourinary system
   (B) The central nervous system
   (C) The respiratory system
   (D) The musculoskeletal system
   (E) None of the above

The fifth choice, (E), now becomes the correct response. In this manner the candidate is made to think of the various systems of the body and must know the right answer without having it suggested to him as one of the possibilities. In the ECFMG examination the choice "none of the above" is sometimes a correct response and sometimes an incorrect response. The following item is an example of the latter:

3. Cancer of the lower lip is usually
   (A) a basal cell carcinoma
   (B) an adenocarcinoma
   (C) a melanoma
   (D) a squamous cell carcinoma
   (E) none of the above

Another variant of this type of question is the negative form where all but one of the choices are applicable and the candidate is asked to select the one which does *not* apply:

4. Acute pancreatitis is often associated with each of the following EXCEPT
   (A) a recent large meal
   (B) alcoholic excess
   (C) a pancreatic islet cell tumor
   (D) common entrance of the bile and pancreatic ducts into the duodenum
   (E) cholecystitis

B. MATCHING TYPE—This usually consists of a list of entries such as diseases, laboratory values, drugs, etiologic factors, etc., followed by a series of words or statements. Specific directions are as follows:

> **Directions:** Each group of questions below consist of five lettered headings followed by a list of

numbered words or statements. For *each* numbered word or statement, select the *one* lettered heading that is most closely associated with it and fill in the circle beneath the corresponding letter on the answer sheet. Each lettered heading may be selected once, more than once, or not at all.

Questions 5-9

(A) Influenza
(B) Pneumococcal pneumonia
(C) Tularemia
(D) Primary syphilis
(E) Leprosy

5. Best identified by the examination of a biopsy specimen.
6. Typed by a hemagglutination inhibition test.
7. Best diagnosed by a special microscopic examination of fresh, unstained, undried material.
8. Quellung reaction may aid in identification.
9. Usually identified by detection of agglutinating anti-bodies in the blood serum.

C. MODIFIED MATCHING TYPE: This variation of the matching type permits a comparison between two diseases, signs, symptoms or laboratory values.

Directions: Each set of lettered headings below is followed by a list of numbered words or phrases. For each numbered word or phrase fill in the circle on the answer sheet under

A if the item is associated with (A) only,
B if the item is associated with (B) only,
C if the item is associated with both (A) and (B),
D if the item is associated with neither (A) nor (B).

Questions 10-14

(A) Hookworm disease
(B) Trichinosis
(C) Both
(D) Neither

10. Ova in stools
11. Eosinophilia
12. Organisms sometimes found in cerebrospinal fluid
13. Adult worms live only a few weeks
14. Gentian violet is useful in treatment.

D. MULTIPLE TRUE-FALSE TYPE: This type consists of a question or incomplete statement followed by four answers or completions. The examinee must determine whether each of the four responses is true or false. He is instructed to mark his answer sheet accordingly, as described below.

Directions: For each of the questions or incomplete statements below, ONE or MORE of the answers or completions given is correct. On the answer sheet fill in the circle under

A if only 1, 2, and 3 are correct,
B if only 1 and 3 are correct,
C if only 2 and 4 are correct,
D if only 4 is correct,
E if all are correct.

FILL IN ONLY ONE CIRCLE ON YOUR ANSWER SHEET FOR EACH QUESTION

Directions Summarized

A	B	C	D	E
1, 2, 3, only	1, 3 only	2, 4 only	4 only	All are correct

15. **Live virus is used in immunization against**
    (1) influenza
    (2) the common cold
    (3) cholera
    (4) smallpox

16. **A child suffering from an acute exacerbation of rheumatic fever usually has**
    (1) an elevated erythrocyte sedimentation rate
    (2) a prolonged P-R interval on the electrocardiogram
    (3) an elevated antistreptolysin 0 titer
    (4) subcutaneous nodules

17. **Pathologic findings characteristic of uremia include**
    (1) venous thrombosis
    (2) colitis
    (3) hypertrophic gastritis
    (4) pericarditis

18. **Portal hypertension may be associated with**
    (1) jaundice
    (2) "spider" angiomas
    (3) anemia
    (4) an enlarged spleen

E. SITUATION TYPE: A condition that often confronts the practicing physician can be simulated by a situation, such as a case history, followed by a series of questions concerning diagnosis, signs and symptoms, laboratory determinations, treatment and prognosis. In answering some of these sets of questions, much depends upon arriving at the proper diagnosis. In others, such as the example below, the diagnosis may be given. Directions for this type of question are as follows:

> **Directions:** This section of the test consists of a situation followed by a series of questions. Study the situation, select the best answer to each question following it, and fill in the circle under the corresponding letter on the answer sheet.

Questions 19-21
A man, 55 years old, was admitted to the hospital so that the cause of his anemia could be ascertained. His main complaints were weakness, ease of fatigue, and pain low in his neck. He had lost 10 pounds of weight during six months.

The physical examination reveals no significant abnormality. He has a normocytic normochromic anemia. The erythrocyte sedimentation rate is 105 mm in one hour as measured by the Westergren method. The urine is normal except for 1+ proteinuria. The leukocyte count is 7,600/cu mm with a normal differential distribution of cells. The serum protein concentration is 9.8 gm/100 ml. The acid phosphatase of the serum is normal. Roentgenograms of the skeleton show a generalized demineralization of the vertebrae and sharply defined osteolytic lesions in the skull. A presumptive diagnosis of multiple myeloma is made.

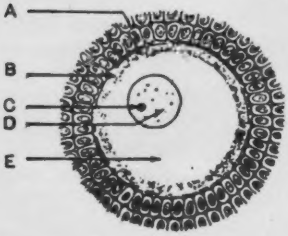
19. Which of the following procedures is most likely to be helpful in establishing the diagnosis?
    - (A) Examination of the sternal bone marrow
    - (B) Exploratory laparotomy
    - (C) Cystoscopy
    - (D) Barium enemia
    - (E) Peritoneoscopy

20. Which of the following is most likely to be found?
    - (A) Increased alkaline phosphatase
    - (B) Hypocalcemia
    - (C) Increased serum globulin
    - (D) Increased fecal urobilinogen
    - (E) Increased serum amylase

21. What is the probable course of this man's disease?
    - (A) Progression of the disease with remissions and exacerbations
    - (B) Development of myelofibrosis
    - (C) Complete recovery
    - (D) Chronic illness lasting for many years
    - (E) Cerebral metastases

F. PICTORIAL TYPE: Several of the item types described and illustrated above may use a picture to give the information that precedes the questions. The following set of items displays this technique as a variation of the matching type (see section B, MATCHING TYPE, page 16).

Directions: The group of questions below consists of a diagram with five lettered components followed by a list of numbered words or phrases. For each numbered word or phrase, select the lettered component on the diagram that matches it correctly and fill in the circle under the corresponding letter on the answer sheet.



Questions 22-25

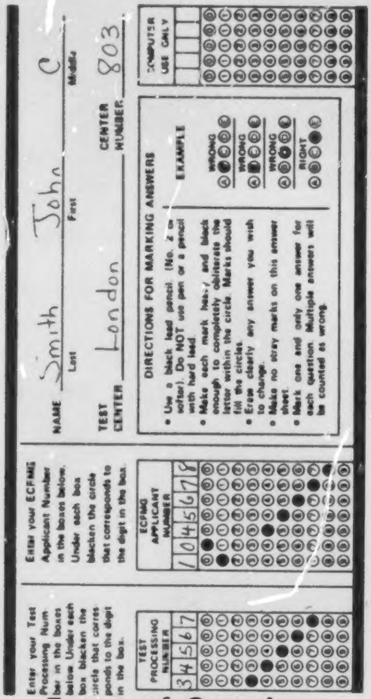
22. Cytoplasm of the ovum
23. Nucleus of the ovum
24. Zona pellucida
25. Corona radiata

Answer Key

1. C
2. E
3. D
4. C
5. E
6. A
7. D
8. B
9. C
10. A
11. C
12. B
13. B
14. D
15. D
16. B
17. C
18. E
19. A
20. C
21. A
22. E
23. D
24. B
25. A

Answer Sheet

The following is a sample answer sheet used in the medical portion of the ECFMG examination. Be sure to read the directions for marking the answers.



Enter your Test Processing Number in the boxes below. Under each box blacken the circle that corresponds to the digit in the box.

TEST PROCESSING NUMBER: 3 4 5 6 7

Enter your ECFMG Applicant Number in the boxes below. Under each box blacken the circle that corresponds to the digit in the box.

ECFMG APPLICANT NUMBER: 1 0 4 5 6 7 8

NAME Smith (Last) John (First) C (Middle)

TEST CENTER London CENTER NUMBER 803

DIRECTIONS FOR MARKING ANSWERS

- Use a black lead pencil (No. 2 or softer). Do NOT use pen or a pencil with hard lead.
- Make each mark heavy and black enough to completely obliterate the letter within the circle. Marks should fill the circles.
- Erase clearly any answer you wish to change.
- Make no stray marks on this answer sheet.
- Mark one and only one answer for each question. Multiple answers will be counted as wrong.

EXAMPLE

WRONG Ⓐ ● Ⓒ Ⓓ Ⓔ

WRONG Ⓐ ● Ⓒ Ⓓ Ⓔ

WRONG Ⓐ Ⓑ ● Ⓓ Ⓔ

RIGHT Ⓐ Ⓑ Ⓒ ● Ⓔ

COMPUTER USE ONLY

Types of Questions – ECFMG English Test

The following sample questions show the various types used in the ECFMG English Test.

SECTION I
LISTENING COMPREHENSION
Time—25 minutes
Part A

Directions: In Part A you will hear short conversations between two speakers. At the end of each conversation, a third voice will ask a question about what was said. *The conversations and questions will be spoken just one time.* They are not written out in the test booklet, so you will have to listen carefully. After you hear a conversation and the question about it, read the four possible answers and decide which one would be the best answer to the question. Then, on your answer sheet, find the corresponding number and fill in (blacken completely) the oval containing the letter of the answer you have chosen.

Listen to Example I.
You will hear:

(man) *Hello, Mary. This is Mr. Smith at the office. Is Bill feeling any better today?*

(woman) *Oh yes, Mr. Smith. He's feeling much better now. But the doctor says he'll have to stay in bed until Monday.*

(3rd voice) *Where is Bill now?*

You will read:

(A) At the office.
(B) On his way to work.
(C) Home in bed.
(D) Away on vacation.

SAMPLE ANSWER
Ⓐ Ⓑ ● Ⓓ

From the conversation, we know that Bill is sick and must remain in bed until Monday. The best answer, then, is (c), "Home in bed." Therefore you should choose answer (C).

Part B

Now listen to Example II. It is not printed in your test booklet. You will hear it just as you will in the test.

You will hear:
You will read:

(A) Coffee.
(B) Tea.
(C) Water.
(D) Coca Cola.

SAMPLE ANSWER
Ⓐ Ⓑ ● Ⓓ

From the conversation, we know that the man would enjoy a glass of water. The best answer, then, is (C), "Water." Therefore you should choose answer (C). Now let us begin Part A. Be sure to mark all answers on your answer sheet.

Directions: There are two kinds of problems in Part B. One kind requires you to show that you understand a short statement; the other requires you to answer a short question. *These statements and questions will be spoken just one time.* They are not written out in the test booklet, so you will have to listen carefully.

When you hear a *statement,* read the four sentences in your test booklet and decide which one is closest in meaning to the statement. Then, on your answer sheet, find the corresponding number and fill in (blacken completely) the oval containing the letter of the answer you have chosen.

Listen to Example I.

You will hear: (W) *John dropped the letter in the mailbox.*
You will read:

(A) John sent the letter.
(B) John opened the letter.
(C) John lost the letter.
(D) John destroyed the letter.

SAMPLE ANSWER
● Ⓑ Ⓒ Ⓓ

Sentence (A), "John sent the letter," means most nearly the same as the statement, "John dropped the letter in the mailbox." Therefore you should choose answer (A).

When you hear a *question,* read the four answers given in your test booklet and select the one you believe to be correct. Then, on your answer sheet, find the corresponding number and mark your answer.

Now listen to Example II. It is not printed in your test booklet. You will hear it just as you will in the test.

You will hear:
You will read:

(A) By taxi.
(B) Yes, he did.
(C) To study history.
(D) Last night.

SAMPLE ANSWER
Ⓐ Ⓑ Ⓒ ●

The best answer to the question, "When did Tom come here?" is (D), "Last night." Therefore you should choose answer (D). Now begin Part B. Mark all answers on your answer sheet.

SECTION II—VOCABULARY

Time—10 minutes

Part A

Directions: Each statement in Part A consists of a sentence in which one word is omitted. Four words, marked (A), (B), (C), and (D), are given beneath the sentence. You are to choose the *one* word which best completes the sentence. Then, on your answer sheet, find the number of the statement and mark your answer.

EXAMPLE

A - - - - - - is a container for flowers.

(A) kit
(B) vase
(C) hammer
(D) needle

SAMPLE ANSWER
Ⓐ ● Ⓒ Ⓓ

Since a vase (but not a kit, hammer, or needle) is used for flowers, you should choose the answer marked (B).

Now begin work on Part A. When you complete Part A, go on to Part B. Mark all answers on your answer sheet.

Part B

Directions: Each problem in Part B consists of a word or short phrase followed by four words lettered (A), (B), (C), and (D). You are to choose the *one* word whose meaning is most nearly the same as the given word or phrase. Then, on your answer sheet, find the number of the problem and mark your answer.

EXAMPLE

foolish
(A) clever
(B) mild
(C) silly
(D) frank

SAMPLE ANSWER
Ⓐ Ⓑ ● ○

The word closest in meaning to that of *foolish* is *silly*. Therefore you should choose the answer marked (C). Now begin work on Part B. Mark all answers on your answer sheet.

SECTION III—ENGLISH STRUCTURE

Time—15 minutes

Directions: Section III consists of short written conversations between two speakers. Part of each conversation has been omitted. Four words or phrases, marked (A), (B), (C), and (D), are given beneath the conversation. Choose the *one* word or phrase which will correctly complete the conversation. Then, on your answer sheet, find the corresponding number and mark your answer.

EXAMPLE

"John needs a pencil."
"He can use one - - - - - ."
(A) of me
(B) my
(C) mine
(D) of mine

SAMPLE ANSWER
Ⓐ Ⓑ Ⓒ ●

In English, we say: "He can use one of *mine*." Therefore you should choose the answer marked (D). Now begin work on this section. Mark all answers on your answer sheet.

Taking the ECFMG Examination – Content and Procedure

Content

1. Candidates are allowed 3½ hours for the morning portion of the examination, 3 hours for the afternoon medical portion, and about 1 hour for the English Test. There is a lunch period of about 1 hour. The complete examination day is approximately 10 hours in length.
2. The medical portion of the examination is a written examination which includes approximately 360 questions of the multiple-choice type, in English. A more complete description is given in the section "Fields Covered by the ECFMG Examination," on page 14.
3. In addition, a multiple-choice English test consisting of three parts (comprehension of spoken English, vocabulary, and English structure) is included as part of the examination. This English test *must be taken by all candidates* who take the medical portion of the examination.

   A candidate who passes the medical portion of the ECFMG examination, but who fails the English test must take and pass a subsequent ECFMG English test or TOEFL (see page 24).

Procedure

1. Become familiar with the types of questions and

answer sheet used on the examination. See pages 15-22.

2. You are instructed to bring at least four regular soft-lead pencils that make a dark mark, a pencil sharpener, and a soft rubber eraser to the examination. *Ball point pens or other pens must not be used on any part of the examination.*
3. You are requested *not to bring* your family and friends to the center on the day of the examination. ECFMG provides space only for the candidates and proctoring staff. The confusion caused by large numbers of extra people will only delay the completion of the examination.
4. Report to the examination center *with* your examination permit. If you have not received your permit by 10 days before the examination, notify ECFMG at once.
5. Report to the center promptly at the time shown on your examination permit. No candidate will be permitted to enter the examination late, for either the morning or afternoon sessions. (*Note: Candidates taking the English Test Only must report at the center not later than 1:00 p.m.)*
6. Candidates are not permitted to take books, papers, cameras, or tape recorders into the examination room.
7. When you have been admitted to the examination room and have been assigned a seat, you are not permitted to leave the room (or the seat) without permission.
8. After you have been seated for the examination, you will be issued a Test Processing Number. This 5 digit number will be used to identify your answer sheets for scoring. A new Test Processing Number is assigned each time you take the examination, and bears *no* relationship to your permanent ECFMG applicant number.
9. Before each section of the examination begins, the proctor will read detailed instructions, *in English,* concerning the conduct of the examination. These instructions are also printed on the test booklet which you will receive. *It is your responsibility to follow these instructions implicitly.*
10. You may make any preliminary notes or calculations in the test booklet. However, notes must not be made anywhere except in the test booklet. Credit is given only for answers marked on the answer sheet. Extra time will not be allowed to transfer answers from the test booklet to the answer sheet. Any candidate using or making notes (except in his test booklet) will be required to leave the examination room, and not be permitted to return.
11. A candidate's score on the ECFMG examination is based on the total number of correct answers. There is no penalty for an incorrect answer. Therefore, you should attempt to answer all of the questions even if you have to guess at some of the answers.

12. Be sure to sign your answer sheet. An unsigned answer sheet may not be scored.

Alternate English Test

All candidates taking the medical portion of the ECFMG examination must also take the ECFMG English test. If they pass the medical portion and fail the English test, they may take TOEFL as an alternate English test. Candidates who wish ECFMG to evaluate their TOEFL scores must: (1) request the Educational Testing Service (ETS) to submit the official report of TOEFL scores directly to ECFMG in Philadelphia; and (2) write ECFMG immediately giving their full name, ECFMG applicant number, and TOEFL registration number.

TOEFL scores are received in the ECFMG office approximately six weeks after the test date. All components are carefully evaluated, and candidates will be notified of the decision *by mail* as soon as possible. In some cases, however, a decision may be delayed until scores have been verified by ETS. Please note that ECFMG expects a minimum score of 55 in each of the areas covered on TOEFL. (See also page 29, No. 5.) A candidate will incur a $25 charge for the acceptance of his performance on TOEFL.

ECFMG cannot evaluate TOEFL scores unless the above instructions are followed exactly.

Passing Score and Certificates

The minimum passing score on the medical portion of the ECFMG examination is 75. That is not a percentage score but a scaled score which is based on the comparative analysis of the results obtained when American and Canadian medical students and physicians answered the questions that make up the ECFMG examination.

The score is NOT based on a distribution curve of raw scores on the examination. The score that each candidate receives is based on the precise number of correct answers he achieves. Therefore, the scaled score is derived by linear conversion from the raw score of correct answers to the 360 questions that comprise the ECFMG examination.

Candidates whose scaled score is **below** 75 on the medical portion of the examination are recorded as having **failed the examination.**

Candidates whose scaled score is 75 or higher are recorded as having passed the medical portion of the examination. If such candidates have passed the English test and have completed the documentation of their medical credentials, the result letter received will be an Interim ECFMG Certificate. Once candidates have passed the medical portion of the examination they are not permitted to take that part again for any reason.

Candidates whose scaled score is 75 or higher on the medical portion of the examination but who fail the English test **are not eligible to repeat the medical examination.**

To be eligible for appointment to an accredited graduate medical education program in the United States (including Puerto Rico), such candidates must pass a subsequent ECFMG English test, or furnish evidence of performance satisfactory to ECFMG on TOEFL (Test of English as a Foreign Language), and **have received an Interim ECFMG Certificate.**

Subject Field Scores

Partial or subject field scores are not available.

Result Letters

All result letters are mailed at the same time **about** six weeks after the date of the examination. Scores **cannot** be obtained earlier, will be mailed only to the candidate and will not be reported by telephone.

Cheating

If candidates appear to be GIVING or RECEIVING information during the course of the examination, the proctor is authorized to change the candidates' location or to terminate the examination immediately for the individuals concerned.

Invalidation of Scores

During the process of scoring the examination, the computer compares the answers marked by candidates who sit next to each other. If the incorrect answers of those candidates coincide to a degree that would be expected to occur by chance less than one time in ten thousand, the scores of ALL CANDIDATES CONCERNED are invalidated without prejudice. It is each candidate's responsibility to protect his answer sheet so that other candidates cannot copy from him. He must also not receive or give the appearance of receiving any information from another candidate during the examination.

Interim Certificate

The Interim ECFMG Certificate remains valid for six months from the date of issue, if issued to a candidate in Australia, Canada, New Zealand, South Africa, or the United States (including Puerto Rico). If a candidate is not in one of these countries when his Interim ECFMG Certificate is issued, that Certificate will expire six months from the date of his arrival in any of those countries. **However, payment of all charges owed ECFMG becomes due immediately, and without further notice, upon the arrival of the candidate in any of those countries.**

Standard Certificate

The Standard ECFMG Certificate is valid indefinitely. It is issued to successful candidates upon completion of the documentation of all necessary medical credentials, and after their financial accounts have been cleared. It should be clearly understood that the payment is for the examination, not for the certificate. It takes several months after each examination to process and mail Standard ECFMG Certificates to all eligible candidates.

ECFMG Certification Based on FLEX

Candidates who have taken the Federation Licensing Examination, and who have completed documentation of the educational requirements prescribed by ECFMG as a basis for ECFMG certification, may be eligible for ECFMG certification, if they have scored 75 or higher on the whole FLEX examination (FLEX Weighted Average score of 75 or higher on a single examination), have passed the ECFMG English test on or after January 22, 1975, or furnished evidence of performance satisfactory to ECFMG on TOEFL (Test of English as a Foreign Language (see page 24).

Any applicant who wishes to have an ECFMG Certificate issued on the basis of the FLEX examination must submit a written request to ECFMG for a form to authorize the Federation of State Medical Boards to release his FLEX scores to ECFMG. Such applicants are required to clear their ECFMG financial accounts of any previous unpaid charges and make payment of a $25 processing charge when returning the authorization form.

Hospital Appointments

Candidates may not sign a contract of employment or accept appointment in a hospital in the United States (including Puerto Rico) with an accredited graduate medical education program, until they have received either an Interim ECFMG Certificate or a Standard ECFMG Certificate with certain rare exceptions as noted on page three.

Signing an **application** for a hospital appointment as a resident does not commit you to accept the appointment if it is offered, unless that is clearly stated in the application. Signing a **contract** offered by a hospital, or **agreeing verbally** to accept an appointment **does** commit you to the appointment, and once this has been done, it is binding upon both you and the hospital. **It is highly unethical** to break this agreement in order to accept another position which may be offered to you later, without receiving a prior release from the first hospital.

In applying for a hospital appointment, the following steps must be followed:

1. Complete the educational requirements for ECFMG certification and pass the ECFMG examination (see pages 5-8).
2. Write to the United States hospital or hospitals of your choice to request information about the position you desire, and to obtain application blanks for appointment. Information concerning graduate medical education programs in hospitals in the United States (including Puerto Rico) can be found in a directory that is published annually by and may be obtained by mail from the American Medical Association. ECFMG cannot give advice as to which program you should select, nor can it serve as an employment agency in helping you to obtain a hospital appointment. Furthermore, ECFMG cannot be a party to negotiations about salaries, fringe

benefits, living quarters, or other specific arrangements. It is often helpful to obtain advice concerning specific hospitals or training programs from your fellow-countrymen who are now or who have been in the United States.

3. In applying for an appointment at the hospital of your choice you must **send the hospital a photocopy** of the letter or certificate you have received from ECFMG. A photocopy of a letter showing that you have passed the examination but have not completed the documentation of your medical credentials may be used in preliminary negotiations with a hospital, but **actual appointment requires submission of a photocopy of the ECFMG Certificate, either the Interim Certificate or the Standard Certificate. It is not permissible for you to sign a contract of employment or accept appointment** as a resident in any accredited hospital in the United States (including Puerto Rico) until you have sent the proper credentials to ECFMG and have received an Interim ECFMG Certificate. **You must then send the hospital a photocopy of your Interim Certificate.** It is the responsibility of the candidate to supply such photocopies. ECFMG does not supply photocopies of "result letters," showing you have passed the examination, Interim ECFMG Certificates or Standard ECFMG Certificates, for application or appointment to a hospital.
4. If you have not completed the documentation of your medical credentials at the time you pass the ECFMG examination, **you should allow a period of at least eight weeks** between the date you are expected to receive the diploma or certificate prescribed in the section "Documentation of Medical Credentials," beginning on page 10, and the starting date of the program for which you are applying.
5. If you are not a citizen of the United States you must secure a visa to enter the country (see page 28).

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

Almost all of the graduates of United States and Canadian medical schools obtain appointments to accredited graduate medical education programs in United States hospitals through the National Intern and Resident Matching Program (NIRMP). Foreign medical graduates are not required to participate in this program, but are permitted to do so if they have passed the ECFMG examination, and if they are expected to receive an Interim ECFMG Certificate not later than the starting date of the graduate training program for which they are applying.

The matching usually is carried out in March, for programs that start about July 1. Many United States hospitals look to the National Intern and Resident Matching Program for all of their trainees, and do not appoint anyone who does not participate in the program.

The NIRMP is only a central clearing agency. There is no guarantee that candidates will be matched with any of their choices, since the number of applicants has increased and the number of available positions has decreased.

Candidates wishing to register with the NIRMP can obtain additional information and the official Agreement form by writing to:

Executive Secretary
National Intern and Resident Matching Program
1603 Orrington Avenue
Evanston, Illinois 60201, U.S.A.

VISA

If you are not a citizen of the United States, it will be necessary to obtain a visa which will permit you to enter the United States. If you have completed the ECFMG educational requirements and passed the ECFMG examination, have received an Interim ECFMG Certificate, and have decided that you wish to apply for an appointment in the United States, go or write to the nearest United States embassy or consulate and request information about the appropriate visa and other requirements necessary for your admission to the United States. You may also find help there concerning questions that you may have about American life, customs, and economic matters.

ECFMG is authorized by the United States Department of State to sponsor medical graduates for accredited graduate training programs, including Canadian and American medical graduates who are **foreign nationals,** who enter or remain in the United States as Exchange Visitors. Such sponsorship does not provide financial support. For additional information, write ECFMG.

Orientation to the U.S.A.

The Experiment in International Living invites qualified physicians, who have received the Interim ECFMG Certificate and who have been appointed to accredited graduate medical education programs in the United States, to apply for participation in an orientation program designed to acquaint the participants with United States language and ways of living.

Participants live with a family for three weeks before commencing their graduate medical education. A participant is welcomed as one of the family—not as a guest—and is given a unique opportunity to become a part of American life, learning the psychology, customs and language idioms of the people.

The Experiment also offers intensive English language programs.

Application to participate in this program must be made directly to The Experiment in International Living, Kipling Road, Brattleboro, Vermont, 05301, U.S.A.

SPECIAL NOTES

1. Specified Deadline Dates

The examination dates as well as the deadline dates for receipt of completed applications are shown on the front cover of this booklet. Deadline dates for receipt of requests for change of examination center as well as payment are also shown on pages 8 and 9 respectively. Please note that the deadline dates shown are the dates when completed applications, center change requests, and payments must be received *in the ECFMG office.*

2. Potentially Overcrowded Centers

Several examination centers have been seriously overcrowded in recent examinations, and for that reason some candidates whose applications were received before the published deadline date could not be registered.

When an examination center in a particular country is overcrowded, it becomes necessary to establish special rules governing applications for the ECFMG examination.

a. All applicants for a specified examination center who are residents of that country will be registered first.

b. If space is available, all applicants who are not residents of that country will then be registered up to the capacity of the center, in order of the receipt of their applications. **ECFMG CANNOT NOTIFY** such applicants of the status of their applications for 6 to 8 weeks after the deadline date.

c. Any applications in excess of those that can be processed for the specified examination center will be invalidated.

d. Once an application for a specific examination has been made, a request for change of center to a potentially overcrowded center *will only be honored, if space is available.*

3. Restrictions on Certain Examination Centers

Certain examination centers are restricted to residents of the country concerned. See Page 31. (Applicants for the Hong Kong center must possess a Hong Kong Identity Card.)

4. New Payment Rule—Effective July 1977

Effective with the July 27, 1977 ECFMG examination, any applicant applying for his first test or subsequent examination, or an ECFMG English test, will be required to have a clear financial account at least seven weeks before the date of the examination, or the applicant's registration will be cancelled, his account charged $25, and he will not be admitted to the examination. See page 9 for further details.

5. Alternate English Test

In fairness to all ECFMG candidates, the only **alternate** English proficiency test which ECFMG will accept is TOEFL (Test of English as a Foreign Language) which is given frequently in many centers throughout the world. This test must be taken at a regularly scheduled international administration (September, November, February, May). There is a $25 charge for accepting a candidate's performance on TOEFL in lieu of passing the ECFMG English test.

Additional information regarding TOEFL may be obtained by writing The Educational Testing Service, Princeton, New Jersey, 08540 USA. Telephone: Area Code 609: 921-9000.

ECFMG Examination Centers and Code Numbers

U. S. CENTERS

Center	Code
CALIFORNIA,	
Los Angeles	320
San Francisco	108
COLORADO, Denver	113
CONNECTICUT,	
New Haven	191
DISTRICT OF COLUMBIA,	
Washington	350
FLORIDA, Gainesville	194
Miami	140
GEORGIA, Atlanta	121
HAWAII, Honolulu	195
ILLINOIS, Chicago	360
KANSAS, Kansas City	134
KENTUCKY, Louisville	138
LOUISIANA, New Orleans	176
MARYLAND, Baltimore	300
MASSACHUSETTS,	
Boston	310
MICHIGAN, Ann Arbor	145
MINNESOTA, Minneapolis	146
MISSOURI, St. Louis	340
NEBRASKA, Omaha	149
NEW JERSEY, Newark	170
NEW YORK, Albany	102
Buffalo	107
New York City	330
Syracuse	171
NORTH CAROLINA,	
Durham	119
OHIO, Cincinnati	112
Cleveland	186
OKLAHOMA,	
Oklahoma City	157
PENNSYLVANIA,	
Philadelphia	159
Pittsburgh	162
TENNESSEE, Nashville	178
TEXAS, Dallas	168
El Paso	199
Houston	104
VIRGINIA, Richmond	182
WASHINGTON, Seattle	183
WISCONSIN, Milwaukee	141
PUERTO RICO, San Juan	262
GUAM	264

CANADIAN CENTERS

Center	Code
ALBERTA, Edmonton	267
BRITISH COLUMBIA,	
Vancouver	268
MANITOBA, Winnipeg	255
NEWFOUNDLAND,	
St. John's	265
ONTARIO, Toronto	258
QUEBEC, Montreal	256
SASKATCHEWAN,	
Saskatoon	266

OTHER CENTERS

LATIN AMERICA

Center	Code
ARGENTINA, Buenos Aires	501
BARBADOS, Bridgetown	537
BOLIVIA, La Paz	525
BRAZIL, Belo Horizonte	544
Brasilia	526
Curitiba (2)	534
Porto Alegre	522
Recife	519
Rio de Janeiro	503
Sao Paulo	536
CHILE, Santiago	504
COLOMBIA, Barranquilla (1)	538
Bogota	528
Cali	505
Medellin (1)	539
COSTA RICA, San Jose	517
DOMINICAN REPUBLIC,	
Santo Domingo	518
ECUADOR, Quito	507
EL SALVADOR,	
San Salvador	514
GUATEMALA,	
Guatemala City	520
GUYANA,	
Georgetown	533
HAITI, Port-au-Prince	508
HONDURAS,	
Tegucigalpa	532
JAMAICA, Kingston	530
MEXICO, Guadalajara	524
Mexico, D. F.	509
Monterrey	531
San Luis Potosi	541
NETHERLANDS ANTILLES,	
Curacao (2)	523
NICARAGUA, Managua	511
PANAMA, Panama City	512
PARAGUAY, Asuncion (1)	516
PERU, Lima	513
SURINAM, Paramaribo (1)	548
TRINIDAD, Port-of-Spain	521
URUGUAY, Montevideo	529
VENEZUELA, Caracas	515
Maracaibo	547

(1) Centers open only for January examination each year
(2) Centers open only for July examination each year

ECFMG Examination Centers and Code Numbers

(Continued from previous page)

EUROPE

AUSTRIA, Vienna	801
BELGIUM, Brussels	802
CZECHOSLOVAKIA, Prague	827
DENMARK, Copenhagen	817
FINLAND, Helsinki	821
FRANCE, Paris	804
GERMANY, Berlin	818
Bonn	805
Frankfurt	806
Hamburg	825
Munich	807
GREECE, Athens	808
HUNGARY, Budapest*	829
ICELAND, Reykjavik	809
IRELAND, Dublin	816
ITALY, Bologna	823
Rome	810
MALTA, Guardamangia	832
NETHERLANDS, Amsterdam	811
POLAND, Warsaw	822
PORTUGAL, Lisbon	812
ROMANIA, Bucharest	828
SPAIN, Barcelona	826
Madrid	814
SWEDEN, Stockholm	833
SWITZERLAND, Bern	813
Geneva	820
UNITED KINGDOM,	
Edinburgh	819
Liverpool	831
[illegible]ndon	803
YUGOSLAVIA, Belgrade	815

NEAR AND MIDDLE EAST

AFGHANISTAN, Kabul*	619
CYPRUS, Nicosia	701
IRAN, Isfahan*	716
Shiraz*	712
Tabriz*	718
Tehran*	702
ISRAEL, Tel Aviv	703
JORDAN, Amman	717
LEBANON, Beirut	704
PAKISTAN, Karachi	706
Lahore	707
SAUDI ARABIA, Dhahran*	714
Jidda*	715
SYRIA, Damascus	708
TURKEY, Ankara	709
Istanbul	710

AFRICA

ETHIOPIA, Addis Ababa*	929
GHANA, Accra	903
IVORY COAST, Abidjan	941
KENYA, Nairobi	904
LIBERIA, Monrovia	931
MALAWI, Lilongwe (1)	918
NIGERIA, Lagos	913
Ibadan	938
SENEGAL, Dakar (1)	902
SIERRA LEONE, Freetown (1)	921
SOUTH AFRICA,	
Cape Town	411
Durban	428
Johannesburg	405
Pretoria	440
SUDAN, Khartoum (1)	919
TANZANIA, Dar es Salaam	912
ZAIRE, Kinshasa	908
ZAMBIA, Lusaka	923

FAR EAST

HONG KONG*	601
INDONESIA, Jakarta	618
Medan	624
JAPAN, Okinawa	622
Tokyo	606
KOREA, Seoul	607
MALAYSIA, Kuala Lumpur*	623
PHILIPPINES, Cebu City	615
Manila	608
TAIWAN, Taipei	609
THAILAND, Bangkok*	610
Chiang Mai*	617

OCEANIA

AUSTRALIA, Adelaide	420
Brisbane	417
Canberra (2)	407
Hobart (2)	430
Melbourne	413
Perth	409
Sydney	414
NEW ZEALAND,	
Auckland	427
Dunedin	429
Wellington	406
PAPUA NEW GUINEA, Port Moresby (2)	937

*These centers are available only to residents of the country concerned.

Subject to Change Without Notice

Sponsoring Organizations

The Educational Commission for Foreign Medical Graduates is a separate non-profit organization sponsored by:

The American Board of Medical Specialties
The American Hospital Association
The American Medical Association
The Association of American Medical Colleges
The Association for Hospital Medical Education
The Federation of State Medical Boards of the United States
The National Medical Association

Aims and Missions

In recognition and fulfillment of their public responsibilities for health care and education, the sponsoring organizations established the Educational Commission for Foreign Medical Graduates (ECFMG) to concern itself with foreign medical graduates.

To meet its responsibilities, ECFMG identifies the following as its aims and missions:

(1) To provide information to foreign medical graduates regarding entry into graduate medical education and health care systems in the United States;

(2) To evaluate their qualifications for such entry;

(3) To identify foreign medical graduates' cultural and professional needs;

(4) To assist in the establishment of educational policies and programs to meet the above-identified cultural and professional needs of foreign medical graduates;

(5) To gather, maintain, and disseminate data concerning foreign medical graduates; and

(6) To assist, through cooperation and recommendation, other agencies concerned with foreign medical graduates.

EDUCATIONAL COMMISSION
for
FOREIGN MEDICAL GRADUATES
3624 MARKET STREET
PHILADELPHIA, PENNSYLVANIA 19104, U.S.A.

PRINTED IN U.S.A.

FORM 100 Revised January, 1977

NOTICE OF RECEIPT OF APPLICATION*

Please block print your name and address, including the country, on the reverse side of this card and send it to ECFMG *in the same envelope* with your application form. If it is not received with the application, it *cannot be completed and mailed to you.* If you have an ECFMG number enter that number below.

If you have not submitted the required payment with your application, please be sure that it is received at ECFMG not later than 7 weeks before the date of the examination. *Make the required payment without waiting for a Statement.*

Your application was received on the date shown below:*

Date:

ECFMG No.________________

This is your *permanent* number. *Always* enter this number on all communications to ECFMG and on all payments.

***Notification of receipt of application by ECFMG does NOT guarantee admission to the examination**

Form 304, January, 1977

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304 SENT

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

EDUCATIONAL COMMISSION
FOR
FOREIGN MEDICAL GRADUATES

3624 MARKET ST., PHILADELPHIA, PA. 19104, U.S.A.

PD. $ ____________

____

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

APPLICATION FOR EXAMINATION

NOTE: ***All items in Part A must be filled out completely or application will be rejected***

Use typewriter or block print in ink

PART A

FOR OFFICE USE ONLY
YES NO
CP____________
YES NO
R____________

① **HAVE YOU EVER APPLIED TO TAKE AN ECFMG EXAMINATION?** YES ☐ NO ☐

IF SO, ENTER YOUR ECFMG NUMBER HERE ____________

HAVE YOU EVER TAKEN AN ECFMG EXAMINATION? YES ☐ NO ☐

If the above question ① is not answered, or answered incorrectly, the application will be invalidated.

② **IF YOU HAVE A UNITED STATES SOCIAL SECURITY NUMBER ENTER THE NUMBER IN THIS BOX** ____________

③ **FULL NAME** Spell out all portions of your name completely, even if you customarily use only initials for part of the name
Underline surname, e.g., John James George Jones

④ **NAME AND ADDRESS** Enter name, street address, city, and country. Include Zip Code if in U.S.A.

Leave a blank square after each word in your name and address

Name
Street Address
City and Country

⑤ **MAIDEN NAME** (To be filled out only by married women)

Full name before marriage ____________

⑥ **EXAMINATION YOU ARE APPLYING FOR**

Month ________ Year ________ City ____________ Center Number ________

⑦ **SIGNATURE** Sign your full name in Latin characters ____________

PART B, on reverse side, including notarized signature, must be completed by all new applicants

Form 106, Revised January, 1977

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⑧

PART B

ATTACH
ONE
PHOTOGRAPH
HERE

Two additional similar photographs must accompany this application

CERTIFICATION

I hereby certify that the information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I understand that (1) falsification of this application, or (2) the submission of any falsified educational documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my incorrect answers and those of one or more other participants in that examination, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action.

I understand that the ECFMG certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I hereby authorize the Educational Commission for Foreign Medical Graduates to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any Federal, State, or local governmental department or agency, to any hospital, or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

→ APPLICANT MUST SIGN HIS FULL NAME IN LATIN CHARACTERS on the first line below, but ONLY IN THE PRESENCE of a Notary Public, the Dean, Vice Dean, or Registrar Only of a medical school, First Class Magistrate, or a Consular Official, who must complete the last two lines of the affidavit. THE NOTARIAL SEAL OR THE STAMP OF THE MEDICAL SCHOOL OR CONSULATE MUST COVER A PORTION OF THE ATTACHED PHOTOGRAPH ←

Seal, stamp or signature of official must cover a portion of the attached photograph.

Signature of Applicant (in Latin characters) X ______________________

Subscribed and sworn to (or affirmed) before me this ________ day of ______________, 19 ______

X ______________________ Official Title ______________________

Signature of Notary Public, the Dean, Vice Dean, or Registrar Only of a medical school, First Class Magistrate, or Consular Official
(If Dean, Vice Dean or Registrar of Medical School, please give name of institution)

ITEMS 9, 10, AND 11 MUST BE FILLED IN OR APPLICATION WILL BE REJECTED

⑨ **MEDICAL DEGREE** (Conferred or Expected)	Title of Degree ________ (M.D., M.B., B.S., or other)	Date Conferred (Or to be Conferred)	Month ________ Year ________	
⑩ **MEDICAL LICENSURE** (Present or Future)	Date you received (or expect to receive) an unrestricted license to practice medicine (certificate of full registration)		Month ________ Year ________	
⑪ **MEDICAL SCHOOL** (Precise Name)	School(s) Attended	Location	Dates Attended	No. School Years
⑫ **SECONDARY SCHOOL, COLLEGE, UNIVERSITY** (Specify Degree(s) Received)				
⑬ **HOSPITAL TRAINING**	Hospital(s)	Position(s)	Dates	

⑭ **DATE OF BIRTH** Day ____ Month ____ Year ____

⑮ **PLACE OF BIRTH** (City, State or Province, Country)

⑯ **SEX** Male ☐ Female ☐

⑰ **HEIGHT** ____ Inches or ____ Cm

⑱ **NATIVE LANGUAGE** (Mother Tongue)

⑲ **MARITAL STATUS** Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐

⑳ **CITIZENSHIP**
A. AT BIRTH ______________ USA ☐ Other ☐ (Specify) ________
B. UPON ENTERING MEDICAL SCHOOL ______________ USA ☐ Other ☐ (Specify) ________
C. NOW ______________ USA ☐ Other ☐ (Specify) ________

㉑ **HAVE YOU EVER BEEN REFUSED ADMISSION TO A RECOGNIZED MEDICAL ORGANIZATION,** or has any punitive action been taken against you by such an organization, or by any medical licensing or registering authority?
☐ YES ☐ NO

If the answer to question 21 is "YES", explain fully on a separate sheet of paper, giving such details as date, location, charge, and punishment.

RESULTS OF 1975 ECFMG EXAMINATIONS

Tabulated by Candidates, Countries and Medical Schools

Educational Commission
for Foreign
Medical Graduates

RESULTS OF 1975 ECFMG EXAMINATIONS, TABULATED BY COUNTRIES, MEDICAL SCHOOLS AND NUMBER OF CANDIDATES

Code No.	Country and School	January 1975 Number		July 1975 Number		Total 1975 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
118-010	Nangrahar University, Jalalabad	1	0	1	0	2	0
118-020	Kabul University	32	6	20	3	52	9
	Afghanistan, total	**33**	**6**	**21**	**3**	**54**	**9**
125-010	Univ. D'Alger	2	2	3	0	5	2
125-020	Fac. de Med., Bone	0	0	1	0	1	0
	Algeria, total	**2**	**2**	**4**	**0**	**6**	**2**
132-010	Univ. de Buenos Aires	74	29	64	23	138	52
132-010	U.S. Citizen	1	1	0	0	1	1
132-020	Univ. del Salvador	8	3	1	0	9	3
132-030	Univ. Nacional de Cordoba	51	11	49	13	100	24
132-040	Univ. Catolica de Cordoba	3	2	3	2	6	4
132-050	Univ. del Nordeste	2	0	1	0	3	0
132-060	Univ. Nac. de la Plata	19	4	22	6	41	10
132-070	Univ. Nac. de Cuyo	1	0	3	1	4	1
132-080	Univ. Nac. del Litoral	11	3	9	3	20	6
132-080	U.S. Citizen	0	0	1	0	1	0
132-090	Univ. Nac. de Tucuman	3	1	1	0	4	1
	Argentina, total	**172**	**53**	**153**	**48**	**325**	**101**
	U.S. Citizen, total	**1**	**1**	**1**	**0**	**2**	**1**
143-010	Univ. of Adelaide Medical School	26	23	26	26	52	49
143-020	Univ. of Queensland Medical School	11	10	25	24	36	34
143-020	U.S. Citizen	0	0	1	1	1	1
143-030	Monash University	0	0	90	89	90	89
143-045	Univ. of Tasmania	0	0	17	17	17	17
143-050	Univ. of Western Australia	15	15	15	15	30	30
143-060	Univ. of Melbourne	4	4	73	72	77	76
143-060	U.S. Citizen	0	0	1	1	1	1
143-070	Univ. of New South Wales	9	8	40	36	49	44
143-080	Univ. of Sydney	18	16	131	129	149	145
143-080	U.S. Citizen	1	1	1	1	2	2
	Australia, total	**83**	**76**	**417**	**408**	**500**	**484**
	U.S. Citizen, total	**1**	**1**	**3**	**3**	**4**	**4**
154-010	Universitat Graz	8	2	16	7	24	9
154-010	U.S. Citizen	3	2	4	2	7	4
154-020	Universitat Innsbruck	9	3	15	7	24	10
154-020	U.S. Citizen	3	1	4	2	7	3
154-030	Univ. Wien	31	12	35	10	66	22
154-030	U.S. Citizen	1	0	3	1	4	1
	Austria, total	**48**	**17**	**66**	**24**	**114**	**41**
	U.S. Citizen, total	**7**	**3**	**11**	**5**	**18**	**8**
160-010	Chittagong Med. Coll.	13	2	15	2	28	4
160-020	Dacca Med. Coll.	55	18	42	4	97	22
160-030	Sir Silimullah Med. Coll., Dacca	6	0	6	0	12	0
160-040	Mymensingh Med. Coll., Mymensingh	4	0	1	0	5	0
160-050	Rajshahi Med. Coll.	3	1	5	0	8	1
160-060	Sylhet Med. Coll.	4	0	4	1	8	1
	Bangladesh, total	**85**	**21**	**73**	**7**	**158**	**28**
165-003	Universitaire Instelling	4	2	2	1	6	3
165-003	U.S. Citizen	1	1	1	1	2	2
165-005	Vrije Univ. Brussel	30	20	23	14	53	34
165-005	U.S. Citizen	16	13	5	2	21	15
165-010	Univ. Libre de Bruxelles	50	33	46	35	96	68
165-010	U.S. Citizen	24	19	14	10	38	29
165-020	Rijksuniv. te Gent	11	6	11	8	22	14
165-020	U.S. Citizen	1	0	1	0	2	0
165-030	Univ. de l'Etat a Liege	10	6	22	15	32	21
165-030	U.S. Citizen	0	0	5	5	5	5
165-035	Katholieke Univer. te Leuven	29	15	34	25	63	40
165-035	U.S. Citizen	1	0	11	10	12	10
165-040	Universite de Louvain	20	11	21	13	41	24
165-040	U.S. Citizen	5	5	6	6	11	11
165-050	Facultes Univ. Notre-Dame	1	1	1	1	2	2
165-605		1	1	0	0	1	1
	Belgium, total	**156**	**95**	**160**	**112**	**316**	**207**
	U.S. Citizen, total	**48**	**38**	**43**	**34**	**91**	**72**
176-010	Univ. Mayor de San Simon	24	3	18	2	42	5
176-020	Univ. Mayor de San Andres	42	7	36	4	78	11
176-020	U.S. Citizen	1	0	0	0	1	0
176-030	Univ. Mayor de San Francisco	9	0	8	0	17	0
	Bolivia, total	**75**	**10**	**62**	**6**	**137**	**16**
	U.S. Citizen, total	**1**	**0**	**0**	**0**	**1**	**0**
187-020	Fac. de Med. Univer. Fed. do Para	3	1	3	0	6	1
187-030	Facul. de Cien. Med. Univ. Catolica de Minas Gerais	4	4	4	3	8	7
187-040	Univ. de Minas Gerais	15	6	15	3	30	9
187-041	Fac. Cien. Med., Botucatu	4	0	4	1	8	1
187-043	Univ. de Brasilia	4	2	3	0	7	2

Code No.	Country and School	January 1975 Number Taking	January 1975 Number Passed	July 1975 Number Taking	July 1975 Number Passed	Total 1975 Number Taking	Total 1975 Number Passed
Brazil (continued)							
187-044	Univ. de Campinas	20	5	5	0	25	5
187-044	U.S. Citizen	1	0	0	0	1	0
187-046	Fac. de Med., Campina Grande	1	1	0	0	1	1
187-047	Fac. de Med. de Campos	0	0	2	1	2	1
187-048	Inst. de Cien. Biol. de Campo Grande	0	0	2	1	2	1
187-049	Univ. de Caxias do Sul	1	0	3	0	4	0
187-050	Fac. de Cien. Med., Univ. Catol., do Parana	9	0	10	4	19	4
187-055	Fac. Evan. de Med. do Parana	2	0	0	0	2	0
187-060	Univ. Federal de Parana	6	2	9	3	15	5
187-070	Fac. de Med. de Santa Catarina, Florianopolis	6	2	0	0	6	2
187-080	Univ. Federal do Ceara	7	1	7	3	14	4
187-090	Univ. Federal de Goias	2	0	4	1	6	[illegible]
187-095	Fac. de Med. de Itajuba	0	0	2	1	2	[illegible]
187-100	Fac. de Med. do Paraiba	0	0	2	1	2	1
187-110	Fac. Med. Univ. de Juiz de Fora	4	0	5	2	9	2
187-112	Fac. de Med. de Jundiai	3	1	2	0	5	1
187-115	Fac. de Med. do Norte do Parana	5	1	7	1	12	2
187-120	Univ. de Alagoas	2	1	1	1	3	2
187-130	Fac. de Med. do Amazonas, Manaus	0	0	1	0	1	0
187-133	Fac. de Med. de Marilia	1	0	3	0	4	0
187-138	Fac. de Med. do Norte de Minas, Univ. Norte Mineira	0	0	1	0	1	0
187-140	Fac. de Med. da Univ. do Rio Grande do Norte, Natal	1	0	2	0	3	0
187-150	Esc. Fluminense de Med.	2	2	3	2	5	4
187-155	Fac. de Med. de Passo Fundo	0	0	1	0	1	0
187-160	Fac. de Med. de Pelotas	0	0	3	0	3	0
187-161	Fac. de Med. Univ. Catol. de Pelotos	2	0	4	0	6	0
187-163	Fac. de Med. de Petropolis	4	0	2	1	6	1
187-166	Fac. Catol. de Med. de Porto Alegre	10	4	9	4	19	8
187-168	Univ. Catolica de Rio Grande do Sul	3	0	10	0	13	0
187-170	Fac. de Med. de Porto Alegre	34	19	52	23	86	42
187-185	Fac. Cien. Med. Univ. Vale do Sapucai	1	0	0	0	1	0
187-190	Fac. de Cien. Med. de Pernambuco	8	0	6	0	14	0
187-193	Fac. de Med. e Cirug. de Pernambuco	4	2	1	0	5	2
187-200	Univ. do Recife	8	2	7	1	15	3
187-210	Fac. de Med. de Ribeirao Preto Univ. de Sao Paulo	4	0	4	1	8	1
187-213	Fac. de Med., Univ. de Rio Grande	4	1	0	0	4	1
187-216	Esc. Med. do Rio de Janeiro, Soc. Univ.	5	0	3	1	8	1
187-220	Esc. do Med. e Cir., Hsp. Gaffree e Guinle	7	3	4	0	11	3
187-230	Fac. de Cien. Med. Rio de Janeiro	7	1	12	8	19	9
187-240	Univ. do Rio de Janeiro	17	9	18	10	35	19
187-250	Univ. Catolica do Salvador	1	0	0	0	1	0
187-260	Univ. Federal de Bahia	5	0	6	3	11	3
187-270	Univ. Fed. de Santa Maria	2	0	4	1	6	1
187-272	Fac. de Med., Univ. do A.B.C.	4	0	12	5	16	5
187-273	Fac. de Cien. Med. de Santos	4	2	4	0	8	2
187-276	Fac. Reg. de Med. de Sao Jose do Rio Prieto	0	0	3	1	3	1
187-280	Fac. de Med. de Maranhao, Sao Luis	0	0	2	0	2	0
187-290	Esc. Paulista de Medicina	28	14	5	1	33	15
187-300	Hosp. do Santa Casa de Misericordia de Sao Paulo	17	4	6	2	23	6
187-305	Fac. de Med. de Braganca Paulista	2	1	1	0	3	0
187-310	Univ. de Sao Paulo	31	20	11	10	42	30
187-320	Univ. Catolica de Sao Paulo	5	0	6	0	11	0
187-323	Fac. de Med. de Taubate	6	0	3	0	9	0
187-330	Fac. de Med. do Triangulo Mineiro	2	2	2	1	4	3
187-333	Fund. Esc. de Med. e Cir. de Uberlandia	2	0	0	0	2	0
187-334	Fac. de Med. de Valenca	2	0	0	0	2	0
187-335	Fac. de Med. de Vassouras	1	0	4	0	5	0
187-336	Fac. de Med. de Vitoria	1	1	1	0	2	1
187-340	Esc. de Med. do Espirito Santo, Vitoria	3	0	5	1	8	1
187-345	Esc. de Ciencias Medicas de Volta Redonda	1	1	0	0	1	1
187-420	Fund. Tec. Ed. Souza Marques	0	0	1	1	1	1
187-425	Fac. de Med. de Catanduva	0	0	1	0	1	0
	Brazil, total	**337**	**115**	**313**	**103**	**650**	**218**
	U.S. Citizen, total	**1**	**0**	**0**	**0**	**1**	**0**
198-010	Pavlov Higher Inst. of Med.	2	0	5	1	7	1
198-020	Cervenko Higher Inst. of Med.	19	2	21	2	40	4
198-030	Higher Inst. of Med. Varna	3	0	1	0	4	0
	Bulgaria, total	**24**	**2**	**27**	**3**	**51**	**5**
209-010	Inst. of Med., Mandalay Univ.	4	2	3	1	7	3
209-020	Inst. of Medicine I	21	5	21	6	42	11
209-030	Inst. of Medicine II	3	1	5	3	8	4
	Burma, total	**28**	**8**	**29**	**10**	**57**	**18**

Code		January 1975		July 1975		Total 1975	
		Number		Number		Number	
No.	Country and School	Taking	Passed	Taking	Passed	Taking	Passed
215-010	Faculte de Medecine, Phnom-Penh	9	0	6	1	15	1
	Khmer Republic, total	**9**	**0**	**6**	**1**	**15**	**1**
217-010	Univ. Fed. du Cameroun	0	0	2	2	2	2
	Cameroon, total	**0**	**0**	**2**	**2**	**2**	**2**
220-010	Univ. of Ceylon, Colombo	38	22	46	25	84	47
220-020	Univ. of Ceylon, Peradeniya	10	4	6	5	16	9
	Sri Lanka, total	**48**	**26**	**52**	**30**	**100**	**56**
231-010	Univ. de Concepcion	15	10	10	9	25	19
231-020	Univ. Catolica de Chile	14	8	8	8	22	16
231-020	U.S. Citizen	1	0	0	0	1	0
231-030	Univ. de Chile	76	40	47	21	123	61
231-030	U.S. Citizen	0	0	2	1	2	1
231-040	Univ. de Chile Valparaiso	14	10	1	0	15	10
	Chile, total	**119**	**68**	**66**	**38**	**185**	**106**
	U.S. Citizen, total	**1**	**0**	**2**	**1**	**3**	**1**
243-010	Kwong Hau, Med. Coll. Canton	9	0	9	1	18	1
243-020	Lingnam Univ. Canton	14	0	15	4	29	4
243-030	Nat. Chungshan Univ. Canton	10	1	12	2	22	3
243-040	Hsiangya Med. Coll. Changsha	5	0	6	2	11	2
243-050	Hwasi Univ., Chengtu	1	0	1	0	2	0
243-060	Kiangsu Med. Coll., Chingkiang	2	1	0	0	2	1
243-070	Chungking Univ. Med. Coll.	2	0	1	0	3	0
243-080	Dairen Medical College	2	0	1	0	3	0
243-090	Fukien Prov. Med. Coll., Foochow	0	0	2	0	2	0
243-100	Chekiang Prov. Med. Coll. Hangchow	2	0	3	0	5	0
243-110	Harbin Med. College	2	0	3	0	5	0
243-120	Anhwei Med. Coll., Hofei	2	0	2	0	4	0
243-130	Hainan Med. Coll., Hoihow	0	0	1	0	1	0
243-140	Honan Univ., Kaifeng	1	0	3	0	4	0
243-150	Univ. of Yunnan, Kunming	1	0	1	0	2	0
243-160	Kwangsi Prov. Med. Coll. Kweilin	1	0	1	0	2	0
243-190	Kiangsi Med. Coll., Nanchang	3	0	4	0	7	0
243-200	Nanking Univ.	2	0	3	0	5	0
243-210	North Kiangsu Med. Coll., Nantung	1	0	0	0	1	0
243-220	Hopeh Med. Coll., Paoting	3	0	2	0	5	0
243-230	Peking Union Med. Coll.	5	2	3	0	8	2
243-240	Peking Univ.	4	0	8	1	12	1
243-250	Second Shanghai Med. Coll. St. John's	12	0	13	0	25	0
243-260	Shanghai Med. Coll.	4	1	5	0	9	1
243-270	Chinese Med. Univ., Shenyang	6	0	3	0	9	0
243-280	Northwest Med. Coll., Sian	2	0	0	0	2	0
243-290	Shansi Univ. Med. Coll. Taiyuan	1	0	1	0	2	0
243-310	Shantung Med. Coll., Tsinan	2	0	7	1	9	1
243-310	U.S. Citizen	0	0	1	1	1	1
243-320	Shantung Univ. Med. Coll., Tsingtad	1	0	1	0	2	0
243-330	Hupeh Med. Coll., Wuchang	1	0	2	0	3	0
243-340	Tsungnan Tungchi Med. Coll., Wuchang	3	0	2	0	5	0
243-350	Wuchang Univ.	3	0	6	0	9	0
243-999		1	0	1	0	2	0
	China-Mainland, total	**108**	**5**	**122**	**11**	**230**	**16**
	U.S. Citizen, total	**0**	**0**	**1**	**1**	**1**	**1**
244-010	Kaohsiung Med. Coll.	107	54	42	12	149	66
244-020	China Med. Coll. Taichung	81	27	40	6	121	33
244-030	Chung-Shan Medical and Dental College	86	11	34	3	120	14
244-040	National Taiwan Univ.	48	18	91	58	139	76
244-050	National Defense Med. Center	64	13	81	24	145	37
244-060	Taipei Med. Coll.	110	46	48	15	158	61
	China-Taiwan, total	**496**	**169**	**336**	**118**	**832**	**287**
264-010	Univ. Javeriana	17	2	41	10	58	12
264-010	U.S. Citizen	0	0	1	1	1	1
264-015	Hosp. de San Jose, Bogota	3	1	17	6	20	7
264-015	U.S. Citizen	0	0	1	1	1	1
264-020	Univ. Nac. de Colombia	36	7	46	14	82	21
264-025	Univ. Indust. de Santander	2	1	3	1	5	2
264-030	Univ. del Valle	14	5	13	4	27	9
264-030	U.S. Citizen	2	0	2	1	4	1
264-040	Univ. de Cartagena	11	3	13	0	24	3
264-050	Univ. de Caldas	3	1	5	1	8	2
264-060	Univ. de Antioquia	31	11	6	1	37	12
264-070	Univ. del Cauca	5	2	5	0	10	2
	Colombia, total	**122**	**33**	**149**	**37**	**271**	**70**
	U.S. Citizen, total	**2**	**0**	**4**	**3**	**6**	**3**
266-020	Univ. Nat. du Zaire	0	0	3	0	3	0
	Zaire, total	**0**	**0**	**3**	**0**	**3**	**0**
270-010	Univ. de Costa Rica	10	7	9	5	19	12
270-010	U.S. Citizen	0	0	1	1	1	1
	Costa Rica, total	**10**	**7**	**9**	**5**	**19**	**12**
	U.S. Citizen, total	**0**	**0**	**1**	**1**	**1**	**1**
275-010	Univ. de la Habana	269	45	213	34	482	79
275-010	U.S. Citizen	1	0	2	0	3	0

Code No.	Country and School	January 1975 Number Taking	January 1975 Number Passed	July 1975 Number Taking	July 1975 Number Passed	Total 1975 Number Taking	Total 1975 Number Passed
Cuba (continued)							
275-020	Univ. de Oriente	1	0	2	0	3	0
	Cuba, total	**270**	**45**	**215**	**34**	**485**	**79**
	U.S. Citizen, total	**1**	**0**	**2**	**0**	**3**	**0**
286-010	Komensky Univ.	15	2	12	2	27	4
286-020	J. E. Purkyne Univ.	4	3	5	3	9	6
286-040	Charles Univ., Hradec Kralove	3	0	2	1	5	1
286-050	Safarik Univ., Kosice	3	0	0	0	3	0
286-060	Palacky Univ.	3	0	3	0	6	0
286-070	Charles Univ., Plzen	5	0	4	1	9	1
286-080	Charles Univ., Fac. of Paed., Praha	1	0	2	0	3	0
286-090	Charles Univ., Fac. of Gen. Med., Praha	23	5	9	2	32	7
286-100	Charles Univ., Fac. of Hyg., Praha	3	1	1	0	4	1
	Czechoslovakia, total	**60**	**11**	**38**	**9**	**98**	**20**
297-010	Aarhus Univ.	49	45	41	35	90	80
297-020	Kobenhavns Univ.	133	99	123	92	256	191
297-030	Odense Univ.	9	7	5	3	14	10
	Denmark, total	**191**	**151**	**169**	**130**	**360**	**281**
308-010	Univ. de Santo Domingo	115	7	116	10	231	17
308-010	U.S. Citizen	4	1	6	1	10	2
308-020	Univ. Nac. Pedro Henriquez Urena	21	5	47	18	68	23
308-020	U.S. Citizen	2	2	7	4	9	6
	Dominican Republic, total	**136**	**12**	**163**	**28**	**299**	**40**
	U.S. Citizen, total	**6**	**3**	**13**	**5**	**19**	**8**
319-010	Univ. de Cuenca	2	0	3	0	5	0
319-020	Univ. de Guyaquil	20	5	17	1	37	6
319-025	Univ. Catol. de Santiago de Guayaquil	1	0	1	0	2	0
319-030	Univ. Central	19	4	16	0	35	4
	Ecuador, total	**42**	**9**	**37**	**1**	**79**	**10**
341-010	Univ. Nac. del Salvador	47	8	46	20	93	28
	El Salvador, total	**47**	**8**	**46**	**20**	**93**	**28**
366-010	Haile Sellassie I Univ.	7	2	9	7	16	9
	Ethiopia, total	**7**	**2**	**9**	**7**	**16**	**9**
368-010	Fiji Sch. of Med.	7	3	12	3	19	6
	Fiji, total	**7**	**3**	**12**	**3**	**19**	**6**
374-010	Univ. of Helsinki	28	21	13	6	41	27
374-020	Univ. of Oulu	2	1	10	6	12	7
374-030	Univ. of Turku	5	3	6	4	11	7
	Finland, total	**35**	**25**	**29**	**16**	**64**	**41**
396-010	Universite d'Amiens	3	2	1	0	4	2
396-010	U.S. Citizen	1	1	0	0	1	1
396-020	Centre Univ. d'Angers	2	0	1	0	3	0
396-040	Univ. de Bordeaux II	13	4	5	2	18	6
396-040	U.S. Citizen	1	1	0	0	1	1
396-050	Universite de Caen	0	0	3	1	3	1
396-050	U.S. Citizen	0	0	1	0	1	0
396-060	Univ. de Clermont-Ferrand	1	1	0	0	1	1
396-065	Universite de Paris XII	1	1	3	0	4	1
396-070	Universite de Dijon	2	1	2	0	4	1
396-075	Universite de Saint-Etienne	1	0	2	2	3	2
396-080	Universite de Grenoble I	2	1	6	0	8	1
396-090	Univ. Catholique	2	0	4	2	6	2
396-100	Univ. de Lille II	2	0	6	1	8	1
396-120	Univ. de Lyon I	15	6	21	10	36	16
396-130	Univ. d'Aix-Marseille II	8	3	7	4	15	7
396-130	U.S. Citizen	1	1	0	0	1	1
396-140	Universite de Montpellier I	24	8	29	18	53	26
396-140	U.S. Citizen	5	4	4	2	9	6
396-150	Universite de Nancy I	5	2	4	2	9	4
396-160	Universite de Nantes	0	0	1	0	1	0
396-162	Universite de Nice	0	0	2	0	2	0
396-169	Universite de Paris V	13	9	13	6	26	15
396-169	U.S. Citizen	0	0	1	1	1	1
396-170	Universite de Paris VI	31	13	34	15	65	28
396-170	U.S. Citizen	5	2	3	2	8	4
396-171	Universite de Paris VII	7	6	6	1	13	7
396-190	Universite de Reims	0	0	1	0	1	0
396-200	Universite de Rennes I	1	1	3	1	4	2
396-210	Univ. de Rouen	2	1	1	1	3	2
396-220	Univ. de Strasbourg I	10	2	10	7	20	9
396-220	U.S. Citizen	0	0	1	1	1	1
396-230	Univ. de Toulouse III	5	1	7	5	12	6
396-240	Universite de Tours	5	0	4	4	9	4
396-240	U.S. Citizen	0	0	2	2	2	2
	France, total	**155**	**62**	**176**	**82**	**331**	**144**
	U.S. Citizen, total	**13**	**9**	**12**	**8**	**25**	**17**
408-010	Humboldt-Univ., Berlin	2	1	4	2	6	3
408-050	Martin-Luther-Univ., Halle	1	0	1	0	2	0
408-060	Friedrich-Schiller-Univ., Jena	3	1	0	0	3	1
408-070	Karl-Marx-Univ., Leipzig	1	0	3	1	4	1

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Code No.	Country and School	January 1975 Number Taking	January 1975 Number Passed	July 1975 Number Taking	July 1975 Number Passed	Total 1975 Number Taking	Total 1975 Number Passed
German	**Dem. Rep. (continued)**						
408-090	Universitat Rostock	0	0	2	0	2	0
	German Dem. Rep., total	**7**	**2**	**10**	**3**	**17**	**5**
409-005	Rheinisch-Westfalische Tech. Hoch., Aachen	3	1	2	0	5	1
409-010	Freie Universitaet Berlin	20	8	35	17	55	25
409-020	Rheinische Friedrich-Wilhelms-Univ., Bonn	13	7	29	19	42	26
409-020	U.S. Citizen	1	0	1	1	2	1
409-030	Universitaet Duesseldorf	24	13	7	1	31	14
409-040	Friedrich-Alexander-Universitaet	6	3	3	2	9	5
409-040	U.S. Citizen	1	1	0	0	1	1
409-045	Ruhr-Universitaet Bochum	2	0	6	3	8	3
409-050	Johann-Wolfgang-Goethe-Univ. Frankfurt	15	7	5	2	20	9
409-060	Albert-Ludwig-Univ., Freiburg	43	17	44	11	87	28
409-060	U.S. Citizen	1	0	2	1	3	1
409-070	Justus-Liebig-Univ. Giessen	2	1	13	9	15	10
409-080	Georg-August-Univ. Goettingen	18	4	22	7	40	11
409-080	U.S. Citizen	0	0	1	1	1	1
409-090	Universitaet Hamburg	20	6	30	8	50	14
409-090	U.S. Citizen	1	0	2	0	3	0
409-095	Technische Univ. Med. Hochschule, Hannover	4	3	7	2	11	5
409-100	Ruprecht-Karl-Universitaet Heidelberg	46	19	47	25	93	44
409-100	U.S. Citizen	4	0	2	0	6	0
409-110	Univ. des Saarlandes Saarbruecken	7	0	8	3	15	3
409-110	U.S. Citizen	2	0	2	0	4	0
409-120	Christian-Albrechts Univ., Kiel	13	6	9	5	22	11
409-130	Universitaet Koeln	14	5	13	5	27	10
409-135	Medizinische Akademie, Luebeck	8	3	4	3	12	6
409-140	Johannes-Gutenburg-Univ., Mainz	13	5	17	9	30	14
409-140	U.S. Citizen	1	0	0	0	1	0
409-150	Philipps-Universitaet Marburg	8	5	7	2	15	7
409-160	Ludwig-Maximilians-Univ., Muenchen	38	12	54	25	92	37
409-160	U.S. Citizen	2	0	2	1	4	1
409-165	Technische Universitaet Muenchen	13	9	21	13	34	22
409-165	U.S. Citizen	0	0	1	1	1	1
409-170	Westfaelische Wilhelms-Univ., Muenster	14	6	10	4	24	10
409-180	Eberhard-Karls-Univ., Tuebingen	20	13	12	8	32	21
409-185	Univ. Ulm	0	0	2	2	2	2
409-190	Bayerische Julius-Maximilians-Univ., Wuerzburg	7	4	13	7	20	11
	Fed. Rep. Germany, total	**371**	**157**	**420**	**192**	**791**	**349**
	U.S. Citizen, total	**13**	**1**	**13**	**5**	**26**	**6**
412-010	Univ. of Ghana	14	7	51	44	65	51
	Ghana, total	**14**	**7**	**51**	**44**	**65**	**51**
418-010	National Univ. of Athens	169	48	172	63	341	111
418-010	U.S. Citizen	11	3	10	2	21	5
418-020	Univ. of Thessalpniki	65	12	63	16	128	28
	Greece, total	**234**	**60**	**235**	**79**	**469**	**139**
	U.S. Citizen, total	**11**	**3**	**10**	**2**	**21**	**5**
429-010	Univ. de San Carlos de Guatemala	41	6	38	12	79	18
	Guatemala, total	**41**	**6**	**38**	**12**	**79**	**18**
440-010	Univ. D'Haiti	144	30	133	35	277	65
	Haiti, total	**144**	**30**	**133**	**35**	**277**	**65**
451-010	Facultad de Ciencias, Honduras	23	7	17	4	40	11
	Honduras, total	**23**	**7**	**17**	**4**	**40**	**11**
462-010	Univ. of Hong Kong	88	83	60	58	148	141
	Hong Kong, total	**88**	**83**	**60**	**58**	**148**	**141**
473-010	Fac. of Med. Univ. of Sci., Budapest	29	9	28	5	57	14
473-010	U.S. Citizen	4	1	4	0	8	1
473-020	Fac. of Med. Univ. of Sci., Debrecen	2	1	5	2	7	3
473-030	Fac. of Med. Univ. of Sci., Pecs	1	0	1	0	2	0
473-040	Fac. of Med., Univ. of Med. Sci., Szeged	9	1	10	1	19	2
	Hungary, total	**41**	**11**	**44**	**8**	**85**	**19**
	U.S. Citizen, total	**4**	**1**	**4**	**0**	**8**	**1**
484-010	Univ. of Iceland	25	22	16	11	41	33
	Iceland, total	**25**	**22**	**16**	**11**	**41**	**33**
495-010	Guntur Med. Coll., Andhra Univ.	117	58	89	30	206	88
495-020	Gandhi Med. Coll., Osmania Univ.	114	34	119	42	233	76
495-030	Osmania Medical College	166	46	139	42	305	88
495-040	Rangaraya Med. Coll., Andhra Univ.	109	40	72	18	181	58
495-050	Kurnool Med. Coll., Sri Venkatesvara Univ.	73	29	36	13	109	42
495-070	Sri Venkatesvara Univ. Med. Coll., Tirupati	47	27	25	13	72	40
495-080	Andhra Med. Coll., Andhra Univ.	69	19	84	34	153	53
495-090	Kakatiya Med. Coll., Osmania Univ.	97	19	77	17	174	36
495-110	Assam Med. Coll., Dibrugarh Univ.	18	6	11	2	29	8
495-120	Med. Coll., Gauhati Univ.	12	5	5	1	17	6

Code No.	Country and School	January 1975 Number		July 1975 Number		Total 1975 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
India (continued)							
495-125	Silchar Med. Coll., Gauhati Univ.	1	0	1	0	2	0
495-130	M.G.M. Med. Coll., Ranchi Univ.	10	0	12	3	22	3
495-140	Darbhanga Med. Coll., Bihar Univ.	10	3	25	3	35	6
495-150	Prince of Wales Med. Coll., Patna Univ.	27	8	39	15	66	23
495-160	Rajendra Med. Coll., Bihar Univ.	13	3	14	0	27	3
495-180	All-India Inst. of Med. Sci.	32	25	27	16	59	41
495-190	Lady Hardinge Med. Coll., Delhi Univ.	68	27	53	15	121	42
495-200	Maulana Azad Med. Coll., Delhi Univ.	72	33	79	35	151	68
495-210	B. J. Med. Coll., Gujarat Univ.	194	59	182	51	376	110
495-215	Municipal Med. Coll., Gujarat Univ.	56	20	68	21	124	41
495-220	Medical Coll., Baroda Univ.	80	40	118	68	198	108
495-230	M. P. Shah Med. Coll., Gujarat Univ.	65	20	71	14	136	34
495-233	Government Medical College, Gujarat	22	10	34	13	56	23
495-236	Himachal Pradesh Med. Coll., Punjab Univ.	2	0	8	2	10	2
495-240	Government Med. Coll., Sringar	52	16	51	11	103	27
495-250	T.D. Med. Coll., Kerala Univ.	13	2	9	2	22	4
495-260	Med. Coll., Calicut	23	10	30	10	53	20
495-280	Kottayam Med. Coll., Kerala Univ.	21	13	15	10	36	23
495-290	Medical College, Trivandrum	64	33	42	19	106	52
495-300	Gandhi Med. Coll., Vikram Univ.	24	6	15	4	39	10
495-310	Gajra Raja Med. Coll., Vikram Univ.	27	4	25	3	52	7
495-320	Mahatma Gandhi Memorial Med. Coll., Indore	48	11	49	12	97	23
495-330	Med. Coll., Jabalpur Univ.	21	7	23	3	44	10
495-335	Nehru Mem. Med. Coll., Ravi Shankar Univ.	7	2	7	3	14	5
495-338	Medical College, Saugar Univ .	2	1	5	1	7	2
495-340	Chingleput Med. Coll., Madras Univ.	13	6	6	3	19	9
495-345	Coimbatore Medical College, Madras Univ.	14	9	5	3	19	12
495-350	Kilpauk Med. Coll., Madras Univ.	22	10	18	8	40	18
495-360	Madras Med. Coll., Madras Univ.	111	51	78	27	189	78
495-370	Stanley Med. Coll., Madras Univ.	72	37	48	13	120	50
495-380	Medical College, Madurai Univ.	40	19	32	15	72	34
495-390	Thanjavur Med. Coll., Madras Univ.	20	8	16	5	36	13
495-395	Tirunelveli Medical College, Madurai Univ.	7	5	3	1	10	6
495-400	Christian Med. Coll., Madras Univ.	58	39	38	20	96	59
495-410	Government Med. Coll., Marathwada Univ.	12	4	16	7	28	11
495-420	Grant Med. Coll., Bombay Univ.	145	50	146	47	291	97
495-430	Seth G. S. Med. Coll., Bombay Univ.	147	103	79	50	226	153
495-435	L.T.M. Medical College, Bombay Univ.	43	25	24	9	67	34
495-440	Topiwala Nat. Med. Coll., Bombay Univ.	81	33	92	31	173	64
495-450	Miraj Med. Coll., Shivaji Univ.	5	2	2	1	7	2
495-460	Corporation Med. Coll., Nagpur Univ.	27	5	32	9	59	14
495-465	Government Med. Coll., Nagpur Univ.	10	6	10	4	20	10
495-470	Armed Forces Med. Coll., Poona Univ.	33	22	35	20	68	42
495-480	Byramjee Jeejeebhoy Med. Coll., Poona Univ.	52	21	46	27	98	48
495-485	Dr. Vaishampayan Mem. Med. Coll., Shivaji Univ.	20	4	14	8	34	12
495-487	Mahatma Gandhi Coll., Wardha	1	1	6	5	7	6
495-490	Government Med. Coll., Karnatak Univ.	24	5	24	6	48	11
495-500	Bangalore Med. Coll., Bangalore Univ.	131	39	105	31	236	70
495-510	St. John's Med. Coll., Bangalore Univ.	38	27	17	6	55	33
495-513	J.L. Nehru Medical College, Karnatak Univ.	32	10	26	6	58	16
495-515	J.J.M. Medical College, Mysore Univ.	23	6	27	6	50	12
495-517	H. K. Education Society's Med. Coll., Karnatak Univ.	30	7	22	4	52	11
495-520	Karnatak Med. Coll., Karnatak Univ.	30	13	24	8	54	21
495-530	Kasturba Med. Coll., Karnatak Univ.	103	33	101	27	204	60
495-530	U.S. Citizen	2	2	0	0	2	2
495-540	Government Med. Coll., Mysore Univ.	93	25	66	17	159	42
495-550	Berhampur Med. Coll., Utkal Univ.	1	0	3	1	4	1
495-560	Sriram Chandra Bhanj Med. Coll., Utkal Univ.	24	5	17	3	41	8
495-570	V.S.S. Med. Coll., Utkal Univ .	4	0	11	5	15	5
495-590	Jawaharlal Institute, Pondicherry	31	18	24	16	55	34
495-600	Medical College, Punjab Univ.	82	28	69	34	151	62
495-610	Dayanand Med. Coll., Punjab Univ.	13	8	8	4	21	12
495-620	Christian Med. Coll., Punjab Univ.	44	22	42	15	86	37
495-630	Government Med. Coll., Punjab Univ.	63	32	57	18	120	50
495-630	U.S. Citizen	1	1	0	0	1	1
495-640	Government Med. Coll., Punjab Univ.	21	6	33	7	54	13
495-645	J.L.N. Medical College, Rajasthan Univ.	10	4	5	2	15	6
495-650	Sardar Patel Med. Coll., Rajasthan Univ.	22	2	30	12	52	14
495-670	Sawai Man Singh Med. Coll., Rajasthan Univ.	36	10	40	10	76	20
495-675	Dr. S.N. Medical College, Rajasthan Univ.	8	2	9	4	17	6

Code No.	Country and School	January 1975 Number Taking	January 1975 Number Passed	July 1975 Number Taking	July 1975 Number Passed	Total 1975 Number Taking	Total 1975 Number Passed
India (continued)							
495-680	Ravindra Nath Tagore Med. Coll., Rajasthan Univ.	16	7	15	4	31	11
495-690	Sarojini Najdu Med. Coll., Agra Univ.	24	3	26	6	50	9
495-700	J.N. Med. Coll., Aligarh Muslim Univ.	13	3	20	4	33	7
495-710	Moti Lal Nehru Med. Coll., Allahabad Univ.	5	0	15	3	20	3
495-720	G.S.V.M. Med. Coll., Lucknow Univ.	23	5	43	11	66	16
495-740	King George's Med. Coll., Lucknow Univ.	62	20	61	21	123	41
495-745	Medical College, Meerut Univ.	1	0	4	0	5	0
495-750	Inst. of Med. Sciences, Banaras Hindu Univ.	9	5	12	7	21	12
495-760	Bankura Sammilani Med. Coll., Calcutta Univ.	3	2	2	2	5	4
495-770	Calcutta Nat. Med. Inst. ,Calcutta Univ.	42	14	30	5	72	19
495-780	Medical College, Univ. of Calcutta	43	17	33	14	76	31
495-790	Nilratan Sircar Med. Coll., Calcutta Univ.	33	8	31	11	64	19
495-800	R. G. Kar Med. Coll., Calcutta Univ.	33	3	42	13	75	16
495-810	Goa Medical College, Panaji	19	6	22	6	41	12
495-999	Medical College, Goa	5	0	2	1	7	1
	India, total	**3,903**	**1,491**	**3,523**	**1,209**	**7,426**	**2,700**
	U.S. Citizen, total	**3**	**3**	**0**	**0**	**3**	**3**
506-010	Padjadjaran Univ.	4	2	3	0	7	2
506-060	Univ. of Indonesia	16	3	24	8	40	11
506-065	Univ. Trisakti	1	1	0	0	1	1
506-070	Gadjah Mada Univ.	15	2	8	2	23	4
506-110	Univ. of North Sumatra	2	0	0	0	2	0
506-130	Sriwidjaja Univ.	0	0	1	0	1	0
506-140	Diponegoro Univ.	3	0	2	0	5	0
506-150	Airlangga Univ.	15	4	12	2	27	6
	Indonesia, total	**56**	**12**	**50**	**12**	**106**	**24**
517-010	Gondi Shapoor Faculty of Med., Ahwaz	22	4	11	0	33	4
517-020	University of Isfahan, Isfahan	37	3	25	8	62	11
517-030	Meshed University, Meshed	42	4	19	2	61	6
517-040	Pahlavi University, Shiraz	11	3	76	38	87	41
517-040	U.S. Citizen	0	0	2	1	2	1
517-050	Fac. of Med., Tabriz	39	3	23	5	62	8
517-060	National Univ. of Iran, Teheran	59	7	36	6	95	13
517-070	Univ. of Teheran	173	56	90	20	263	76
	Iran, total	**383**	**80**	**280**	**79**	**663**	**159**
	U.S. Citizen, total	**0**	**0**	**2**	**1**	**2**	**1**
528-010	University of Baghdad, Baghdad	36	10	65	26	101	36
528-015	Univ. of Basrah, Basrah	0	0	4	1	4	1
528-020	University of Mosul, Mosul	12	2	11	4	23	6
	Iraq, total	**48**	**12**	**80**	**31**	**128**	**43**
539-010	National Univ. of Ireland, Cork	69	55	13	9	82	64
539-010	U.S. Citizen	1	1	0	0	1	1
539-020	National Univ. of Ireland, Dublin	61	46	71	56	132	102
539-020	U.S. Citizen	1	1	2	2	3	3
539-030	Royal Coll. of Surg. in Ireland, Dublin	69	31	35	18	104	49
539-030	U.S. Citizen	1	0	5	3	6	3
539-040	Trinity College, Univ. of Dublin	70	56	13	10	83	66
539-040	U.S. Citizen	2	2	0	0	2	2
539-050	Univ. College Galway, Galway	39	24	25	20	64	44
	Ireland, total	**308**	**212**	**157**	**113**	**465**	**325**
	U.S. Citizen, total	**5**	**4**	**7**	**5**	**12**	**9**
550-005	The Abba Khoushi Sch. of Med. in Haifi	27	20	14	8	41	28
550-010	Hebrew Univ.-Hadassah Med. Sch., Jerusalem	57	44	23	13	80	57
550-010	U.S. Citizen	1	0	1	0	2	0
550-020	Tel-Aviv University, Tel Aviv	47	22	91	63	138	85
550-020	U.S. Citizen	2	2	0	0	2	2
	Israel, total	**131**	**86**	**128**	**84**	**259**	**170**
	U.S. Citizen, total	**3**	**2**	**1**	**0**	**4**	**2**
561-010	Univ. di Bari	2	0	4	1	6	1
561-020	Univ. di Bologna	170	50	165	44	335	94
561-020	U.S. Citizen	93	35	89	30	182	65
561-030	Univ. di Cagliari	1	0	0	0	1	0
561-040	Univ. di Catania	1	1	2	0	3	1
561-045	Univ. G. d'Annunzio, Chieti	0	0	2	1	2	1
561-045	U.S. Citizen	0	0	1	1	1	1
561-050	Univ. di Ferrara	0	0	1	0	1	0
561-060	Univ. di Firenze	4	3	4	1	8	4
561-060	U.S. Citizen	1	1	0	0	1	1
561-070	Univ. di Genova	6	2	8	2	14	4
561-080	Univ. di Messina	3	1	4	1	7	2
561-090	Univ. di Milano	20	4	21	5	41	9
561-100	Univ. di Modena	4	1	2	0	6	1
561-110	Univ. di Napoli	18	5	18	0	36	5
561-110	U.S. Citizen	0	0	4	0	4	0
561-120	Univ. di Padova	36	7	47	16	83	23
561-120	U.S. Citizen	3	0	5	1	8	1

Code No.	Country and School	January 1975 Number Taking	January 1975 Number Passed	July 1975 Number Taking	July 1975 Number Passed	Total 1975 Number Taking	Total 1975 Number Passed
Italy (continued)							
561-130	Univ. di Palermo	6	1	3	0	9	1
561-130	U.S. Citizen	1	0	1	0	2	0
561-140	Univ. di Parma	7	2	4	1	11	3
561-150	Univ. di Pavia	7	3	4	0	11	3
561-150	U.S. Citizen	1	1	0	0	1	1
561-160	Univ. di Perugia	10	3	8	2	18	5
561-170	Univ. di Pisa	5	0	3	3	8	3
561-180	Univ. Cattol. del Sacro Cuore	11	5	10	4	21	9
561-190	Univ. di Roma	75	28	79	33	154	61
561-190	U.S. Citizen	29	11	33	22	62	33
561-200	Univ. di Sassari	0	0	1	0	1	0
561-210	Univ. di Siena	8	1	7	2	15	3
561-210	U.S. Citizen	1	0	1	1	2	1
561-220	Univ. di Torino	10	3	9	4	19	7
561-220	U.S. Citizen	1	1	0	0	1	1
561-230	Univ. di Trieste	0	0	1	1	1	1
	Italy, total	**404**	**120**	**407**	**121**	**811**	**241**
	U.S. Citizen, total	**130**	**49**	**134**	**55**	**264**	**104**
563-010	Univ. d'Abidjan	1	0	2	0	3	0
	Ivory Coast, total	**1**	**0**	**2**	**0**	**3**	**0**
566-010	Univ. of the West Indies	94	71	35	20	129	91
566-010	U.S. Citizen	2	1	1	1	3	2
	Jamaica, total	**94**	**71**	**35**	**20**	**129**	**91**
	U.S. Citizen, total	**2**	**1**	**1**	**1**	**3**	**2**
572-010	Chiba Univ.	16	5	30	16	46	21
572-020	Kyushu Univ.	21	11	47	20	68	31
572-030	Fukushima Prefect. Med. Coll.	4	2	4	1	8	3
572-040	Gifu Univ. School of Medicine	10	1	7	2	17	3
572-050	Hirosaki Univ.	6	1	10	1	16	2
572-060	Hiroshima Univ.	23	12	17	12	40	24
572-070	Kagoshima Univ.	6	1	15	6	21	7
572-080	Kanazawa Univ.	9	5	13	6	22	11
572-090	Nara Prefect. Med. Coll.	9	5	6	1	15	6
572-100	Kobe Med. Coll.	5	1	21	8	26	9
572-110	Kumamoto Univ.	10	2	31	12	41	14
572-120	Kurume Univ.	5	1	12	4	17	5
572-130	Kyoto Univ.	30	12	37	30	67	42
572-140	Kyoto Prefect. Univ. of Med.	8	5	4	0	12	5
572-150	Gunma Univ.	17	7	21	9	38	16
572-160	Shinshu Univ.	7	1	16	5	23	6
572-170	Kansai Med. Coll.	8	4	4	1	12	5
572-170	U.S. Citizen	1	0	1	0	2	0
572-180	Iwate Med. Univ.	5	0	4	0	9	0
572-190	Nagasaki Univ.	6	2	4	1	10	3
572-200	Nagoya City Univ.	6	2	7	3	13	5
572-210	Nagoya Nat. Univ.	5	2	16	4	21	6
572-220	Niigata Univ.	25	11	17	7	42	18
572-230	Okayama Univ.	13	6	12	6	25	12
572-240	Osaka Med. Univ. for Women	2	0	2	1	4	1
572-250	Osaka Univ.	27	13	32	23	59	36
572-255	Kitasato Univ.	0	0	3	3	3	3
572-260	Osaka City Med. Sch.	6	1	13	9	19	10
572-270	Kokkaido Univ.	14	6	23	8	37	14
572-280	Sapporo Med. Coll.	8	2	14	10	22	12
572-290	Tohoku Univ.	38	16	26	15	64	31
572-300	Osaka Med. Coll.	4	3	5	2	9	5
572-310	Tokushima Univ.	8	1	17	2	25	3
572-320	Juntendo Univ.	5	1	7	2	12	3
572-330	Nihon Univ.	12	3	11	0	23	3
572-340	Univ. of Tokyo	49	33	33	23	82	56
572-350	Toho Univ.	10	5	6	0	16	5
57[illegible]60	Nippon Med. Sch.	7	4	21	7	28	11
5[illegible]70	Keio Gijuku Univ.	69	46	21	7	90	53
5[illegible]80	Tokyo Med. & Dent. Univ.	41	25	45	22	86	47
572-390	Showa Med. Sch.	2	0	2	1	4	1
572-400	Tokyo Jikei-Kai Sch. of Med.	7	2	8	3	15	5
572-410	Tokyo Medical Univ.	4	1	13	3	17	4
572-420	Tokyo Women's Med. Coll.	2	0	5	1	7	1
572-430	Mie Prefect. Univ.	6	2	11	6	17	8
572-440	Yamaguchi Prefect. Univ. of Med.	15	4	17	3	32	7
572-450	Wakayama Prefect. Med. Coll.	13	5	12	5	25	10
572-460	Yokohama Municipal Univ.	23	11	7	6	30	17
572-470	Tottori Univ.	6	0	12	2	18	2
	Japan, total	**632**	**283**	**721**	**319**	**1,353**	**602**
	U.S. Citizen, total	**1**	**0**	**1**	**0**	**2**	**0**
577-010	Univ. of Nairobi	28	18	28	23	56	41
	Kenya, total	**28**	**18**	**28**	**23**	**56**	**41**
583-015	Chosun Univ.	14	3	5	1	19	4
583-015	U.S. Citizen	0	0	1	0	1	0
583-020	Chonan Nat. Univ.	77	47	12	4	89	51
583-040	Pusan Nat. Univ.	41	24	16	6	57	30

Code No.	Country and School	January 1975 Number		July 1975 Number		Total 1975 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
Korea, Republic of (continued)							
583-050	Catholic Medical College, Seoul	39	29	30	9	69	38
583-055	Choongang Univ.	1	1	0	0	1	1
583-060	Ewha Women's Univ.	89	66	30	7	119	73
583-063	Hanyang Univ.	25	6	7	1	32	7
583-066	Kyunghee Univ.	22	16	13	6	35	22
583-070	Seoul Nat. Univ.	131	111	40	13	171	124
583-080	Yonsei Univ.	82	72	14	3	96	75
583-080	U.S. Citizen	1	1	0	0	1	1
583-090	Korea Univ.	142	82	64	5	206	87
583-090	U.S. Citizen	2	1	1	0	3	1
583-100	Kyungpook Nat. Univ.	53	40	24	8	77	48
583-110	Choong-Nam Nat. Univ.	31	28	43	11	74	39
	Republic of Korea, total	**747**	**525**	**298**	**74**	**1,045**	**599**
	U.S. Citizen, total	**3**	**2**	**2**	**0**	**5**	**2**
605-010	American Univ. of Beirut	12	2	51	43	63	45
605-020	Fac. Francaise de Med. Univ. Beyrouth	50	16	26	4	76	20
	Lebanon, total	**62**	**18**	**77**	**47**	**139**	**65**
610-010	A.M. Deglioth Coll. of Med., Monrovia	5	1	5	0	10	1
	Liberia, total	**5**	**1**	**5**	**0**	**10**	**1**
624-030	Univ. of Malaya, Kuala Lumpur	104	101	1	1	105	102
	Malaysia, total	**104**	**101**	**1**	**1**	**105**	**102**
627-010	Royal Univ. of Malta	16	12	22	18	38	30
	Malta, total	**16**	**12**	**22**	**18**	**38**	**30**
649-020	Univ. Autonoma de Chihuahua	22	7	15	5	37	12
649-020	U.S. Citizen	1	1	0	0	1	1
649-030	Univ. Juarez del Estado de Durango	1	0	1	0	2	0
649-030	U.S. Citizen	1	0	1	0	2	0
649-040	Univ. Autonoma de Guadalajara	644	189	644	190	1,288	379
649-040	U.S. Citizen	491	167	487	166	978	333
649-050	Univ. de Guadalajara	35	9	26	7	61	16
649-050	U.S. Citizen	12	4	10	3	22	7
649-060	Univ. de Guanajuato	2	0	5	1	7	1
649-070	Univ. de Yucatan	11	4	8	1	19	5
649-070	U.S. Citizen	0	0	1	0	1	0
649-080	Esc. Libre de Homeopatia de Mexico, Mexico	2	0	2	0	4	0
649-080	U.S. Citizen	1	0	1	0	2	0
649-090	Esc. Medico Militar, Mexico	5	1	11	3	16	4
649-095	Esc. Mexicana de Med., Mexico	7	3	3	1	10	4
649-095	U.S. Citizen	4	2	0	0	4	2
649-100	Esc. Nac. de Med. Homeopatica, Mexico	2	0	2	1	4	1
649-100	U.S. Citizen	1	0	1	0	2	0
649-110	Inst. Politec. Nac. Esc. Superior de Med., Mexico	5	0	8	0	13	0
649-110	U.S. Citizen	1	0	0	0	1	0
649-120	Univ. Nac. Autonoma de Mexico, Mexico	236	32	210	36	446	68
649-120	U.S. Citizen	17	2	17	4	34	6
649-130	Univ. Autonoma de Nuevc Leon, Nuevo Leon	29	6	25	3	54	9
649-130	U.S. Citizen	5	0	5	2	10	2
649-133	Univ. de Monterrey, Nuevo Leon	23	6	18	5	41	11
649-133	U.S. Citizen	7	2	6	3	13	5
649-140	Univ. de Michoacana San Nic. de Hidalgo, Michoacan	7	1	4	1	11	2
649-140	U.S. Citizen	0	0	2	1	2	1
649-150	Univ. Benito Juarez de Oaxaca	0	0	2	0	2	0
649-170	Univ. Autonoma de Puebla	3	0	3	0	6	0
649-180	Univ. Auton. de San Luis Potosi	12	2	7	3	19	5
649-180	U.S. Citizen	1	0	2	1	3	1
649-190	Univ. de Tamaulipas	6	1	5	1	11	2
649-210	Univ. Auton. del Estado de Mexico, Toluca	9	3	9	3	18	6
649-210	U.S. Citizen	7	3	4	2	11	5
649-220	Univ. de Coahuila, Torreon	4	2	1	1	5	3
649-230	Univ. Veracruzana, Veracruz	4	3	2	1	6	4
	Mexico, total	**1,069**	**269**	**1,011**	**263**	**2,080**	**532**
	U.S. Citizen, total	**549**	**181**	**537**	**182**	**1,086**	**363**
655-020	Fac. of Med. Rabat Univ.	2	1	0	0	2	1
	Morocco, total	**2**	**1**	**0**	**0**	**2**	**1**
660-010	Univ. Van Amsterdam	12	11	12	10	24	21
660-020	Vrije Univ., Amsterdam	2	2	7	4	9	6
660-030	Rijksuniv. Groningen	15	9	31	23	46	32
660-040	Rijksuniv. te Leiden	20	12	25	18	45	30
660-050	Katholieke Universiteit, Nijmegen	7	7	6	6	13	13
660-055	Med. Fac. Rotterdam	5	2	8	7	13	9
660-060	Rijksuniv. te Utrecht	11	8	12	12	23	20
	Netherlands, total	**72**	**51**	**101**	**80**	**173**	**131**
671-005	Univ. of Auckland	5	4	13	12	18	16
671-010	Univ. of Otago, Dunedin	17	16	20	20	37	36
	New Zealand, total	**22**	**20**	**33**	**32**	**55**	**52**

Code No.	Country and School	January 1975 Number		July 1975 Number		Total 1975 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
682-010	Univ. Nac. de Autonoma de Nicaragua	20	4	18	3	38	7
682-010	U.S. Citizen	1	0	2	0	3	0
	Nicaragua, total	**20**	**4**	**18**	**3**	**38**	**7**
	U.S. Citizen, total	1	0	**2**	0	3	0
690-005	Univ. of Nigeria	4	2	40	14	44	16
690-010	Univ. of Ibadan	42	22	80	48	122	70
690-020	Univ. of Lagos	40	14	30	15	70	29
690-030	Ahmadu Bello Univ., Zaria	4	0	6	4	10	4
	Nigeria, total	**90**	**38**	**156**	**81**	**246**	**119**
693-010	Univ. I Bergen	3	2	1	1	4	3
693-020	Univ. I Oslo	4	2	3	1	7	3
	Norway, total	**7**	**4**	**4**	**2**	**11**	**6**
704-010		1	0	0	0	1	0
704-030		0	0	1	1	1	1
704-040	C.M.S. Med. Coll., Hyderabad	1	0	2	0	3	0
704-050	Liaquat Med. Coll., Hyderabad	55	11	62	10	117	21
704-060	Dow Med. Coll., Karachi	182	34	128	32	310	66
704-070	Fatima Jinnah Med. Coll., Lahore	67	12	92	14	159	26
704-080	King Edward Med. Coll., Lahore	173	42	194	40	367	82
704-090	Nishtar Med. Coll., Multan	72	9	99	15	171	24
704-110	Khyber Med. Coll., Peshawar	51	13	70	17	121	30
704-120	Aminuddin Med. Coll., Quetta	1	0	0	0	1	0
	Pakistan, total	**603**	**121**	**648**	**129**	**1,251**	**250**
715-010	Univ. de Panama	16	8	13	6	29	14
715-010	U.S. Citizen	3	2	2	1	5	3
	Panama, total	**16**	**8**	**13**	**6**	**29**	**14**
	U.S. Citizen, total	**3**	**2**	**2**	**1**	**5**	**3**
720-010	Univ. of Papua and New Guinea	1	0	1	1	2	1
	Papua, total	**1**	**0**	**1**	**1**	**2**	**1**
726-010	Facultad de Ciencias Medicas, Ascuncion	12	6	12	1	24	7
726-010	U.S. Citizen	1	1	0	0	1	1
	Paraguay, total	**12**	**6**	**12**	**1**	**24**	**7**
	U.S. Citizen, total	**1**	**1**	**0**	**0**	**1**	**1**
737-010	Univ. Nac. de San Agustin	5	3	3	0	8	3
737-016	Univ. San Luis Gonzaga de Ica	1	0	4	2	5	2
737-020	Univ. Peruana Cayetano Heredia, Lima	46	27	40	18	86	45
737-020	U.S. Citizen	1	0	1	1	2	1
737-025	Univ. Nac. Federico Villarreal, Lima	5	1	14	1	19	2
737-030	Fernando, Univ. Nac. Mayor de San Marcos	99	27	93	22	192	49
737-040	Univ. Nac. de Trujillo	6	1	10	3	16	4
	Peru, total	**162**	**59**	**164**	**46**	**326**	**105**
	U.S. Citizen, total	**1**	**0**	**1**	**1**	**2**	**1**
740-010		1	0	0	0	1	0
	Total	**1**	**0**	**0**	**0**	**1**	**0**
748-010	Cebu Institute of Medicine, Cebu City	232	51	112	10	344	61
748-010	U.S. Citizen	0	0	1	0	1	0
748-020	Southwestern Univ., Cebu City	309	15	204	7	513	22
748-020	U.S. Citizen	0	0	2	2	2	2
748-030	Manila Central Univ., Caloocan City	606	18	474	21	1,080	39
748-030	U.S. Citizen	4	1	2	1	6	2
748-040	Univ. of the Philippines, Manila	90	50	88	43	178	93
748-040	U.S. Citizen	0	0	4	4	4	4
748-050	Univ. of Santo Tomas, Manila	944	139	633	61	1,577	200
748-050	U.S. Citizen	8	1	5	1	13	2
748-060	Far Eastern Univ., Manila	559	63	328	41	887	104
748-060	U.S. Citizen	5	2	6	2	11	4
748-070	Univ. of the East, Quezon City	267	48	168	25	435	73
748-070	U.S. Citizen	2	1	6	2	8	3
	Philippines, total	**3,007**	**384**	**2,007**	**208**	**5,014**	**592**
	U.S. Citizen, total	**19**	**5**	**26**	**12**	**45**	**17**
759-010	Akademia Medyczna, Bialystock	6	0	4	1	10	1
759-030	Akademia Medyczna, Gdansk	8	3	5	1	13	4
759-040	Akademia Medyczna, Krakow	19	3	21	2	40	5
759-050	Akademia Medyczna, Lodz	16	1	6	1	22	2
759-060	Akademia Medyczna, Lublin	5	0	7	1	12	1
759-060	U.S. Citizen	1	0	0	0	1	0
759-070	Akademia Medyczna, Poznan	9	0	11	3	20	3
759-080	Pomorska Akad. Med., Stettin	7	2	5	1	12	3
759-090	Akadia Medyczna, Warsaw	45	11	60	10	105	21
759-090	U.S. Citizen	2	0	1	0	3	0
759-100	Akademia Medyczna, Wroclaw	16	4	14	1	30	5
759-110	Slaska Akad. Med., Katowice	5	0	10	2	15	2
	Poland, total	**136**	**24**	**143**	**23**	**279**	**47**
	U.S. Citizen, total	**3**	**0**	**1**	**0**	**4**	**0**
770-010	Univ. de Coimbra	1	0	4	1	5	1
770-020	Univ. de Lisboa	7	4	9	3	16	7
770-030	Univ. do Porto	0	0	3	0	3	0
	Portugal, total	**8**	**4**	**16**	**4**	**24**	**8**

Code No.	Country and School	January 1975 Number Taking	January 1975 Number Passed	July 1975 Number Taking	July 1975 Number Passed	Total 1975 Number Taking	Total 1975 Number Passed
775-010	Godfrey Huggins School of Medicine, Salisbury	10	10	20	18	30	28
	Southern Rhodesia, total	**10**	**10**	**20**	**18**	**30**	**28**
781-010	Inst. de Med. Si Farm., Bucharest	41	7	46	13	87	20
781-010	U.S. Citizen	0	0	1	1	1	1
781-020	Inst. de Med. Si Farm., Cluj	14	2	15	2	29	4
781-030	Inst. de Med. Si Farm., Jassy	8	0	8	3	16	3
781-040	Inst. de Med., Timisoara	6	3	5	1	11	4
781-050	Inst. de Med. Si Farm., Tirgu-Mures	3	2	2	1	5	3
	Romania, total	**72**	**14**	**76**	**20**	**148**	**34**
	U.S. Citizen, total	**0**	**0**	**1**	**1**	**1**	**1**
820-010	Univ. de Dakar	0	0	1	0	1	0
	Senegal, total	**0**	**0**	**1**	**0**	**1**	**0**
825-010	Univ. of Singapore	108	98	13	10	121	108
	Singapore, total	**108**	**98**	**13**	**10**	**121**	**108**
836-010	Univ. of Stellenbosch	12	11	4	4	16	15
836-020	Univ. of Cape Town	8	6	133	130	141	136
836-020	U.S. Citizen	0	0	2	2	2	2
836-030	Univ. of Natal	10	9	42	36	52	45
836-040	Univ. of the Witwatersrand	17	15	151	141	168	156
836-040	U.S. Citizen	0	0	1	1	1	1
836-050	Univ. of Pretoria	20	12	72	54	92	66
	South Africa, total	**67**	**53**	**402**	**385**	**469**	**418**
	U.S. Citizen, total	**0**	**0**	**3**	**3**	**3**	**3**
847-010	Univ. de Barcelona	47	17	64	21	111	38
847-010	U.S. Citizen	22	6	19	6	41	12
847-015	Univ. Autonoma de Barcelona	17	7	38	11	55	18
847-015	U.S. Citizen	5	1	8	3	13	4
847-020	Universidad de Sevilla, Cadiz	10	2	16	4	26	6
847-020	U.S. Citizen	2	1	4	1	6	2
847-030	Univ. de Granada	35	4	32	7	67	11
847-030	U.S. Citizen	4	0	5	1	9	1
847-035	Univ. de La Laguna	1	1	2	0	3	1
847-035	U.S. Citizen	1	1	0	0	1	1
847-040	Univ. Complutense de Madrid	88	14	93	13	181	27
847-040	U.S. Citizen	18	3	13	4	31	7
847-045	Univ. Autonoma de Madrid	27	7	50	25	77	32
847-045	U.S. Citizen	3	0	3	1	6	1
847-049	Univ. de Oviedo	1	1	0	0	1	1
847-049	U.S. Citizen	1	1	0	0	1	1
847-050	Univ. de Navarra	23	6	21	6	44	12
847-050	U.S. Citizen	8	4	3	0	11	4
847-060	Univ. de Salamanca	60	13	58	12	118	25
847-060	U.S. Citizen	24	5	25	7	49	12
847-070	Univ. de Santiago	75	13	74	5	149	18
847-070	U.S. Citizen	41	8	34	3	75	11
847-080	Univ. de Sevilla	51	7	53	4	104	11
847-080	U.S. Citizen	16	2	22	0	38	2
847-090	Univ. de Valencia	37	7	57	16	94	23
847-090	U.S. Citizen	12	1	34	6	46	7
847-100	Univ. de Valladolid	19	3	21	6	40	9
847-100	U.S. Citizen	1	0	2	0	3	0
847-110	Univ. de Zaragoza	90	14	152	27	242	41
847-110	U.S. Citizen	35	4	75	10	110	14
	Spain, total	**581**	**116**	**731**	**157**	**1,312**	**273**
	U.S. Citizen, total	**193**	**37**	**247**	**42**	**440**	**79**
848-010	Univ. of Khartoum	9	6	8	7	17	13
	Sudan, total	**9**	**6**	**8**	**7**	**17**	**13**
850-010	Geneeskundige School, Paramaribo	0	0	1	0	1	0
	Surinam, total	**0**	**0**	**1**	**0**	**1**	**0**
858-010	Univ. I Goteborg	21	19	10	8	31	27
858-015	Med. Fac., Linkoping	2	2	0	0	2	2
858-020	Univ. I Lund	12	9	18	15	30	24
858-030	Karolinska Med. Kirurg. Inst.	17	15	12	12	29	27
858-040	Univ. I Umea	0	0	2	1	2	1
858-050	Univ. I Uppsala	4	3	8	5	12	8
	Sweden, total	**56**	**48**	**50**	**41**	**106**	**89**
869-010	Univ. Basel	20	16	52	38	72	54
869-010	U.S. Citizen	0	0	4	3	4	3
869-020	Univ. Bern	9	6	69	63	78	69
869-020	U.S. Citizen	1	0	1	0	2	0
869-030	Univ. de Geneve	50	42	41	35	91	77
869-040	Univ. de Lausanne	54	41	36	24	90	65
869-040	U.S. Citizen	3	1	2	2	5	3
869-050	Univ. Zurich	31	23	88	76	119	99
869-050	U.S. Citizen	3	2	5	5	8	7
	Switzerland, total	**164**	**128**	**286**	**236**	**450**	**364**
	U.S. Citizen, total	**7**	**3**	**12**	**10**	**19**	**13**
875-005	Univ. of Aleppo	32	10	33	10	65	20
875-010	Damascus Univ.	129	42	94	31	223	73
	Syrian Arab Republ., total	**161**	**52**	**127**	**41**	**288**	**93**

Code No.	Country and School	January 1975 Number		July 1975 Number		Total 1975 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
880-010	Univ. of Dar es Salaam	2	2	7	5	9	7
	Un. Rep. Tanzania, total	**2**	**2**	**7**	**5**	**9**	**7**
891-010	Chulalongkorn Univ.	70	35	8	2	78	37
891-015	Mahidol Univ., Ramathibodi Hosp.	79	70	1	1	80	71
891-020	Chiangmai Univ.	40	25	0	0	40	25
891-030	Mahidol Univ., Siriraj Hosp.	98	52	7	0	105	52
	Thailand, total	**287**	**182**	**16**	**3**	**303**	**185**
902-010	Ankara Univ.	37	4	39	6	76	10
902-015	Haceteppe Univ.	19	4	36	15	55	19
902-016	Diyarbakir Univ.	1	0	1	0	2	0
902-017	Ataturk Univ.	1	0	0	0	1	0
902-020	Istanbul Univ., Bayazit, Istanbul	48	3	48	6	96	9
902-025	Istanbul Univ., Cerrahpasa, Istanbul	9	3	6	1	15	4
902-030	Ege Univ.	7	1	8	1	15	2
	Turkey, total	**122**	**15**	**138**	**29**	**260**	**44**
905-010	Makerere Univ.	14	12	13	11	27	23
	Uganda, total	**14**	**12**	**13**	**11**	**27**	**23**
913-010	Erevanskij Med. Inst.	17	0	14	3	31	3
913-040	Minskij Med. Inst.	2	0	3	3	5	3
913-060	Medicinskij Fak. Tartuskogo	1	0	1	1	2	1
913-070	Tbilisskij Med. Inst.	7	0	7	0	14	0
913-080	Aktjubinskij Med. Inst.	1	1	0	0	1	1
913-090	Alma-Atinskij Med. Inst.	1	0	1	0	2	0
913-130	Rizskij Med. Inst.	6	1	6	1	12	2
913-140	Kauno Med. Inst.	5	0	4	1	9	1
913-150	Vilniaus Univ.	3	1	6	2	9	3
913-160	Kisinevskij Med. Inst.	0	0	4	0	4	0
913-170	Arhangel'skij Med. Inst.	1	0	1	0	2	0
913-180	Astrahanskij Med. Inst.	0	0	1	0	1	0
913-260	Habarovskij Med. Inst.	1	0	1	0	2	0
913-320	Kalininskij Med. Inst.	2	0	0	0	2	0
913-340	Kemerovskij Med. Inst.	1	1	0	0	1	1
913-350	Kubanskij Med. Inst.	1	1	1	0	2	1
913-370	Kujbisevskij Med. Inst.	1	0	0	0	1	0
913-390	First Leningradskij Med. Inst.	11	1	13	3	24	4
913-400	Leningradskij Pediatriceskij	4	0	6	0	10	0
913-410	Leningradskij Sanitarno-Gigieniceskij	5	2	4	2	9	4
913-420	Dagestanskij Med. Inst.	1	0	1	0	1	0
913-430	Molotov Med. Inst.	0	0	1	0	1	0
913-435	Med.Fak. Univ. P. Lumumba	16	1	15	1	31	2
913-440	First Moskovskij Med. Inst.	9	0	20	4	29	4
913-450	Moscow Med. Inst. Min. of Health R.S.F.S.R.	0	C	1	1	1	1
913-460	Second Med. Inst. N. I. Pirogov	6	1	9	3	15	4
913-470	Novosibirskij Med. Inst.	1	0	3	1	4	1
913-480	Omskij Med. Inst.	0	0	1	0	1	0
913-530	Rostovskij Med. Inst.	3	0	3	0	6	0
913-540	Saratovskij Med. Inst.	0	0	1	0	1	0
913-550	Smolenskij Med. Inst.	1	0	1	0	2	0
913-580	Sverdlovskij Med. Inst.	0	0	1	0	1	0
913-585	Tjumenskij Med. Inst.	1	0	1	1	2	1
913-620	Volgogradskij Med. Inst.	3	0	3	1	6	1
913-630	Voronezskij Med. Inst.	0	0	1	0	1	0
913-640	Tadzikskij Med. Inst.	0	0	1	0	1	0
913-660	Cernovickij Med. Inst.	1	0	4	2	5	2
913-670	Dnepropetrovskij Med. Inst.	1	0	1	1	2	1
913-680	Doneckij Med. Inst.	1	0	1	1	2	1
913-690	Har'kovskij Med. Inst.	5	0	6	1	11	1
913-710	Kievskij Med. Inst.	12	2	12	4	24	6
913-730	Lvovskij Med. Inst.	5	0	4	0	9	0
913-740	Odesskij Med. Inst.	7	0	18	2	25	2
913-750	Krymskij Med. Inst.	0	0	4	0	4	0
913-800	Vinnickij Med. Inst.	0	0	1	0	1	0
913-820	Samarkandskij Med. Inst.	1	1	0	0	1	1
913-830	Taskentskij Med. Inst.	2	0	0	0	2	0
913-999		1	0	1	0	2	0
	USSR, total	**147**	**13**	**187**	**39**	**334**	**52**
915-010	Alexandria Univ.	86	12	81	18	167	30
915-020	Asyut Univ.	10	0	5	0	15	0
915-025	Al-Azhar Univ.	17	0	19	1	36	1
915-030	Ain Shams Univ.	84	18	107	20	191	38
915-030	U.S. Citizen	1	0	0	0	1	0
915-040	Cairo Univ.	166	31	168	45	334	76
915-040	U.S. Citizen	1	0	2	0	3	0
915-050	Mansourah Fac. of Med.	5	1	9	4	14	5
915-060	Tanta Fac. of Med.	5	0	8	2	13	2
	Egyptian Arab Rep., total	**373**	**62**	**387**	**90**	**770**	**152**
	U.S. Citizen, total	**2**	**0**	**2**	**0**	**4**	**0**
917-010	Univ. of Birmingham	17	16	32	31	49	47
917-020	Bristol University	16	14	45	44	61	58

Code No.	Country and School	January 1975 Number Taking	January 1975 Number Passed	July 1975 Number Taking	July 1975 Number Passed	Total 1975 Number Taking	Total 1975 Number Passed
	UK—England & Wales (continued)						
917-020	U.S. Citizen	1	1	0	0	1	1
917-030	Cambridge Univ.	6	6	6	6	12	12
917-040	Welsh National Sch. of Med.	12	10	12	10	24	20
917-040	U.S. Citizen	1	0	1	0	2	0
917-050	Univ. of Leeds	13	11	49	48	62	59
917-060	Univ. of Liverpool	38	34	36	33	74	67
917-060	U.S. Citizen	1	1	0	0	1	1
917-070	Charing Cross Hosp. Med. Sch.	10	8	17	16	27	24
917-080	Guy's Hospital Med. Sch.	50	50	27	27	77	77
917-090	King's College Hosp. Med. Sch.	19	19	22	18	41	37
917-090	U.S. Citizen	1	1	0	0	1	1
917-100	London Hosp. Med. Coll.	28	28	32	30	60	58
917-110	Middlesex Hosp. Med. Sch.	27	25	52	50	79	75
917-120	Royal Free Hosp. Sch. of Med.	8	7	15	14	23	21
917-130	St. Bartholomew's Hosp. Med. Coll.	18	15	64	63	82	78
917-130	U.S. Citizen	0	0	1	1	1	1
917-140	St. George's Hosp. Med. Sch.	6	6	25	25	31	31
917-140	U.S. Citizen	0	0	1	1	1	1
917-150	St. Mary's Hosp. Med. Sch.	17	14	27	27	44	41
917-160	St. Thomas's Hosp. Med. Sch.	19	18	25	24	44	42
917-170	University College Hosp. Med. Sch.	15	13	37	35	52	48
917-180	Westminster Med. Sch.	19	17	33	32	52	49
917-180	U.S. Citizen	1	0	2	2	3	2
917-190	Univ. of Manchester	12	12	56	53	68	65
917-200	Univ. of New-Castle-Upon-Tyne	29	27	53	48	82	75
917-205	Univ. of Nottingham	6	5	1	0	7	5
917-210	Univ. of Oxford	26	25	10	10	36	35
917-210	U.S. Citizen	1	1	0	0	1	1
917-220	Sheffield Univ.	17	15	9	9	26	24
	UK—England & Wales, total	**428**	**395**	**685**	**653**	**1,113**	**1,048**
	U.S. Citizen, total	**6**	**4**	**5**	**4**	**11**	**8**
918-010	Queen's Univ. of Belfast	60	53	23	19	83	72
	UK—Nor. Ireland, total	**60**	**53**	**23**	**19**	**83**	**72**
919-010	Univ. of Aberdeen	21	18	19	17	40	35
919-010	U.S.Citizen	1	1	0	0	1	1
919-020	Univ. of Dundee	12	11	31	30	43	41
919-020	U.S. Citizen	1	1	1	0	2	1
919-030	Univ. of Edinburgh	47	42	16	14	63	56
919-040	Univ. of Glasgow	80	72	30	28	110	100
919-050	Univ. of St. Andrews	3	3	8	7	11	10
919-999		1	0	0	0	1	0
919-999	U.S. Citizen	1	0	0	0	1	0
	UK—Scotland, total	**164**	**146**	**104**	**96**	**268**	**242**
	U.S. Citizen, total	**3**	**2**	**1**	**0**	**4**	**2**
924-010	Univ. de la Republica	20	10	18	10	38	20
	Uruguay, total	**20**	**10**	**18**	**10**	**38**	**20**
935-005	Univ. Cent.-Occ., Barquisimento	1	0	1	1	2	1
935-010	Univ. de Oriente	2	1	1	1	3	2
935-020	Esc. de Med. Jose Maria Vargas, Univ. Central	14	4	8	4	22	8
935-030	Univ. Central de Venezuela	45	16	41	12	86	28
935-040	Univ. del Zulia	24	7	25	7	49	14
935-040	U.S. Citizen	1	0	1	1	2	1
935-050	Univ. de Los Andes	7	2	3	1	10	3
935-060	Univ. de Carabobo	7	1	2	1	9	2
	Venezuela, total	**100**	**31**	**81**	**27**	**181**	**58**
	U.S. Citizen, total	**1**	**0**	**1**	**1**	**2**	**1**
941-010	Univ. de Hue	4	0	2	0	6	0
941-020	Univ. de Saigon	45	13	24	11	69	24
	Rep. of Viet Nam, total	**49**	**13**	**26**	**11**	**75**	**24**
957-010	Univ. of Belgrade	58	10	47	5	105	15
957-020	Univ. of Ljubljani	5	2	3	1	8	3
957-030	Med. Fac., Nis	0	0	1	0	1	0
957-040	Univ. Novi Sad	5	1	7	1	12	2
957-050	Med. Fac., Rijeka	3	0	2	0	5	0
957-060	Univ. of Sarajevu	3	0	3	0	6	0
957-070	Univ. of Skopje	5	1	4	1	9	2
957-090	Univ. of Zagreb	31	10	32	6	63	16
957-080	U.S. Citizen	1	0	1	0	2	0
	Yugoslavia, total	**110**	**24**	**99**	**14**	**209**	**38**
	U.S. Citizen, total	**1**	**0**	**1**	**0**	**2**	**0**
965-010	Univ. of Zambia	8	6	2	2	10	8
	Zambia, total	**8**	**6**	**2**	**2**	**10**	**8**
	All Countries, total	**19,157**	**6,951**	**17,641**	**6,677**	**36,798**	**13,628**
	U.S. Citizen, total	**7,047**	**356**	**1,110**	**387**	**2,157**	**743**

Sponsoring Organizations

The educational Commission for Foreign Medical Graduates is a separate non-profit organization sponsored by:
The American Board of Medical Specialties
The American Hospital Association
The American Medical Association
The Association of American Medical Colleges
The Association for Hospital Medical Education
The Federation of State Medical Boards of the United States
The National Medical Association.

Aims and Missions

In recognition and fulfillment of their public responsibilities for health care and education, the sponsoring organizations established the Educational Commission for Foreign Medical Graduates (ECFMG) to concern itself with foreign medical graduates.

To meet its responsibilities, ECFMG identifies the following as its aims and missions:

(1) To provide information to foreign medical graduates regarding entry into graduate medical education and health care systems in the United States;
(2) To evaluate their qualifications for such entry;
(3) To identify foreign medical graduates' cultural and professional needs;
(4) To assist in the establishment of educational policies and programs to meet the above-identified cultural and professional needs of foreign medical graduates;
(5) To gather, maintain, and disseminate data concerning foreign medical graduates; and
(6) To assist, through cooperation and recommendation, other agencies concerned with foreign medical graduates.

For additional copies write ECFMG
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Telephone: Area Code 215: 349-9000
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RESULTS OF 1976 ECFMG EXAMINATIONS

Tabulated by Candidates,
Countries and Medical Schools

Educational Commission for Foreign Medical Graduates

RESULTS OF 1976 ECFMG EXAMINATIONS, TABULATED BY COUNTRIES, MEDICAL SCHOOLS AND NUMBER OF CANDIDATES

Code No.	Country and School	January 1976 Number		July 1976 Number		Total 1976 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
118-010	Nangrahar University, Jalalbad	1		4		5	
118-020	Kabul University	7	2	17	4	24	6
	Afghanistan, total	**8**	**2**	**21**	**4**	**29**	**6**
125-010	Univ. D'Alger	2		5	1	7	1
125-020	Fac. de Med., Bone	1	1			1	1
	Algeria, total	**3**	**1**	**5**	**1**	**8**	**2**
132-010	Univ. de Buenos Aires	115	67	98	43	213	110
132-010	U.S. Citizen	2	1	1		3	1
132-020	Univ. del Salvador	2				2	
132-030	Univ. Nacional de Cordoba	57	23	36	8	93	31
132-030	U.S. Citizen			1		1	
132-040	Univ. Caholica de Cardoba	4	1	4	1	8	2
132-050	Univ. del Nordeste	1	1	1	1	2	2
132-060	Univ. Nac. de la Plata	16	9	17	7	33	16
132-070	Univ. Nac. de Cuyo	3	3	3		6	3
132-080	Univ. Nac. del Litoral	15	5	18	8	33	13
132-080	U.S. Citizen			1		1	
132-090	Univ. Nac. de Tucuman	3		7	2	10	2
	Argentina, total	**216**	**109**	**184**	**70**	**400**	**179**
	U.S. Citizen, total	**2**	**1**	**3**		**5**	**1**
143-010	Univ. of Adelaide Medical School	21	21	27	25	48	46
143-020	Univ. of Queensland Medical School	28	28	34	33	62	61
143-030	Monash University	2	2	98	96	100	98
143-045	Univ. of Tasmania			7	7	7	7
143-050	Univ. of Western Australia	17	16	9	9	26	25
143-050	U.S. Citizen			1	1	1	1
143-060	Univ. of Melbourne	25	24	101	100	126	124
143-070	Univ. of New South Wales	5	5	50	45	55	50
143-080	Univ. of Sydney	17	17	150	139	167	156
	Australia, total	**115**	**113**	**476**	**454**	**591**	**567**
	U.S. Citizen, total			**1**	**1**	**1**	**1**
154-010	Universitat Graz	9	7	13	8	22	15
154-010	U.S. Citizen	2	2	5	3	7	5
154-020	Universitat Innsbruck	8	5	8	5	16	10
154-030	Univ. Wien	35	14	35	5	70	19
154-030	U.S. Citizen	1	1	1		2	1
	Austria, total	**52**	**26**	**56**	**18**	**108**	**44**
	U.S. Citizen, total	**3**	**3**	**6**	**3**	**9**	**6**
160-010	Chittagong Med. Coll.	7	1	3		10	1
160-020	Dacca Med. Coll.	40	11	29	6	69	17
160-030	Sir Silimullah Med. Coll., Dacca	1	1	3		4	1
160-040	Mymensingh Med. Coll., Mymensingh	1	1	1		2	1
160-050	Rajshahi Med. Coll	3		5		8	
160-060	Sylhet Med. Coll.	4		4		8	
	Bangladesh, total	**56**	**14**	**45**	**6**	**101**	**20**
165-003	Universitaire Instelling			8	8	8	8
165-003	U.S. Citizen			1	1	1	1
165-005	Vrije Univ. Brussel	34	26	21	14	55	40
165-005	U.S. Citizen	17	14	9	5	26	19
165-010	Univ. Libre de Bruxelles	40	32	32	30	72	62
165-010	U.S. Citizen	17	15	12	11	29	26
165-020	ijksuniv. te Gent	9	9	5	4	14	13
165-020	U.S. Citizen	1	1			1	1
165-030	Univ. de l'Etat a Liege	7	2	16	15	23	17
165-030	U.S. Citizen			4	4	4	4
165-035	Katholieke Univer. te Leuven	18	11	35	22	53	33
165-035	U.S. Citizen	2	1	4	4	6	5
165-040	Universite de Louvain	18	14	19	14	37	28
165-040	U.S. Citizen	5	5	8	8	13	13
165-050	Facultes Univ. Notre-Dame			1	1	1	1
	Belgium, total	**126**	**94**	**137**	**108**	**263**	**202**
	U.S. Citizen, total	**42**	**36**	**38**	**33**	**80**	**69**
176-010	Univ. Mayor de San Simon	14		14	1	28	1
176-020	Univ. Mayor de San Andres	32	5	32	1	64	6
176-030	Univ. Mayor de San Francisco	5	1	5		10	1
	Bolivia, total	**51**	**6**	**51**	**2**	**102**	**8**
187-010	Fac. de Med. de Sergipe, Aracaju	1		1		2	
187-020	Fac. de Med. Univer. Fed. do Para			3		3	
187-030	Facul. de Cien. Med. Univ. Catolica de Minas Gerais	1		1		2	
187-040	Univ. de Minas Gerais	9	3	9	3	18	6
187-041	Fac. Cien. Med., Botucatu	1	1	2	1	3	2
187-043	Univ. de Brasilia	7	2	8	1	15	3
187-044	Univ. de Campinas	6	3	6	3	12	6
187-047	Fac. de Med. de Campos	1				1	
187-048	Inst. de Cien. Biol. de Campo Grande	1	1			1	1
187-049	Univ. de Caxias do Sul	1				1	
187-050	Fac. de Cien. Med., Univ. Catol., do Parana	6	3	5	1	11	4

Code No.	Country and School	January 1976 Number Taking	January 1976 Number Passed	July 1976 Number Taking	July 1976 Number Passed	Total 1976 Number Taking	Total 1976 Number Passed
Brazil (continued)							
187-055	Fac. Evan. de Med. do Parana	3		2	1	5	1
187-060	Univ. Federal de Parana	10	3	10	6	20	9
187-070	Fac. de Med. de Santa Catarina, Florianopolis	1	1	3	1	4	2
187-080	Univ. Federal do Ceara	6	3	4		10	3
187-090	Univ. Federal de Goias	1		8	2	9	2
187-100	Fac. de Med. do Paraiba			1		1	
187-110	Fac. Med. Univ. de Juiz de Fora	3		1		4	
187-112	Fac. de Med. de Jundiai	3	1	2		5	1
187-115	Fac. de Med. do Notre do Parana	7	2			7	2
187-133	Fac. de Med. de Marilia	1		1		2	
187-136	Fac. de Med. de Mogi das Cruzes	4		3		7	
187-140	Fac. de Med. da Univ. do Rio Grande do Notre, Natal	3	1	3	1	6	2
187-150	Esc. Fluminense de Med.	4	2			4	2
187-155	Fac. de Med. de Passo Fundo	1	1	1		2	1
187-160	Fac. de Med. de Pelotas	3		1		4	
187-161	Fac. de Med. Univ. Catol. de Pelotos	1		1		2	
187-163	Fac. de Med. de Petropolis	2		1		3	
187-166	Fac. Catol. de Med. de Porto Alegre	10	1	16	3	26	4
187-168	Univ. Catolica de Rio Grande do Sul	5		3		8	
187-170	Fac. de Med. de Porto Alegre	36	9	72	21	108	30
187-190	Fac. de Cien. Med. de Pernambuco	4	1	2		6	1
187-193	Fac. de Med. E Cirug. de Pernambuco	4	1	3		7	1
187-200	Univ. do Recife	6	3	3	1	9	4
187-210	Fac. de Med. de Ribeirao Preto Univ. de Sao Paulo	7	4	7	2	14	6
187-213	Fac. de Med., Univ. de Rio Grande	1		2		3	
187-216	Esc. Med. do Rio de Janeiro, Soc. Univ.	7	1	2	2	9	3
187-220	Esc. do Med. e Cir., Hsp. Gaffree e Guinle	4	1	2		6	1
187-230	Fac. de Cien. Med. Rio de Janeiro	8	2	7	4	15	6
187-240	Univ. do Rio de Janeiro	20	7	14	4	34	11
187-250	Univ. Catolica do Salvador	1		2	1	3	1
187-260	Univ. Federal de Bahia	8	1	8	2	16	3
187-265	Fac. de Med. de Santo Amaro	1	1	2		3	1
187-270	Univ. Fed. de Santa Maria	1		3		4	
187-272	Fac. de Med., Univ. do A.B.C.	2		2	1	4	1
187-273	Fac. de Cien. Med. de Santos	4	1	1		5	1
187-276	Fac. Reg. de Med. de Sao Jose do Rio Prieto	1		1		2	
187-280	Fac. de Med. de Maranhao, Sao Luis	2		1		3	
187-290	Esc. Paulista de Medicina	9	8	1	1	10	9
187-300	Hosp. do Santa Casa de Misericordia de Sao Paulo	6	1	2		8	1
187-305	Fac. de Med. de Braganca Paulista	5	3	1		6	3
187-310	Univ. de Sao Paulo	18	14	23	15	41	29
187-320	Univ. Catolica de Sao Paulo	3		4	1	7	1
187-330	Fac. de Med. do Triangulo Mineiro			1		1	
187-333	Fund. Esc. de Med. e Cir. de Uberlandia			1		1	
187-334	Fac. de Med. de Valenca	2				2	
187-335	Fac. de Med. de Vassouras	4		3		7	
187-336	Fac. de Med. de Vitoria	1		1	1	2	1
187-340	Esc. de Med. do Espirito Santo, Vitoria	4		2		6	
187-345	Esc. de Ciencias Medicas de Volta Redonda	1				1	
187-425	Fac. de Med. de Catanduva			1		1	
	Brazil, total	**272**	**88**	**270**	**79**	**542**	**165**
198-010	Pavlov Higher Inst. of Med.	1		3		4	
198-020	Cervenko Higher Inst. of Med.	17	3	13	1	30	4
198-030	Higher Inst. of Med. Varna	2		4	1	6	1
	Bulgaria, total	**20**	**3**	**20**	**2**	**40**	**5**
209-010	Inst. of Med., Mandalay Univ.	3	1	2		5	1
209-020	Inst. of Medicine I	29	12	23	6	52	18
209-030	Inst. of Medicine II	2	2			2	2
	Burma, total	**34**	**15**	**25**	**6**	**59**	**21**
215-010	Faculte de Medecine, Phnom-Penh	10	1	15	2	25	3
	Khmer Republic, total	**10**	**1**	**15**	**2**	**25**	**3**
217-010	Univ. Fed. du Cameroun			3	2	3	2
	Cameroon, total			**3**	**2**	**3**	**2**
220-010	Univ. of Ceylon, Colombo	19	13	24	16	43	29
220-020	Univ. of Ceylon, Peradeniya	4	2	7	6	11	8
	Sri Lanka, total	**23**	**15**	**31**	**22**	**54**	**37**
231-010	Univ. de Concepcion	15	4	9	5	24	9
231-010	U.S. Citizen			1	1	1	1
231-020	Univ. Catolica de Chile	22	19	17	14	39	33
231-030	Univ. de Chile	55	34	50	18	105	52
231-035	Univ. Austral de Chile	3	1	2	1	5	2
231-040	Univ. de Chile Valparaiso	3	2	1	1	4	3
	Chile, total	**98**	**60**	**79**	**39**	**177**	**99**
	U.S. Citizen, total			**1**	**1**	**1**	**1**

Code No.	Country and School	January 1976 Number		July 1976 Number		Total 1976 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
243-010	Kwong Hua, Med. Coll. Canton	6	1	4		10	1
243-020	Lingnam Univ. Canton	15	2	15		30	2
243-030	Nat. Chungshan Univ. Canton	14	4	9		23	4
243-040	Hsiangya Med. Coll. Changsha	7	3	3		10	3
243-050	Hwasi Univ., Chengtu			1		1	
243-060	Kiangsu Med. Coll., Chingkiang	1		2		3	
243-070	Chungking Univ. Med. Coll.	1		2		2	
243-080	Dairen Medical College	2		3	1	5	1
243-090	Fukien Prov. Med. Coll., Foochow	2	2			2	2
243-100	Chekiang Prov. Med. Coll. Hangchow	2		3		5	
243-110	Harbin Med. College	4		4	1	8	1
243-120	Anhwei Med. Coll., Hofei	1	1	1		2	1
243-130	Hainan Med. Coll., Hoihow	1		1		2	
243-140	Honan Univ., Kaifeng	4		7	2	11	2
243-150	Univ. of Yunnan, Kunming			1		1	
243-160	Kwangsi Prov. Med. Coll. Kweilin	1		1		2	
243-190	Kiangsi Med. Coll., Nanchang	4	2	3		7	2
243-200	Nanking Univ.	2	1	1		3	1
243-210	North Kiangsu Med. Coll., Nantung	3	1	2		5	1
243-220	Hopeh Med. Coll., Paoting	1	1	1		2	1
243-230	Peking Union Med. Coll.	3		2		5	
243-240	Peking Univ.	5	2	5		10	2
243-250	Second Shanghai Med. Coll. St. John's	9	1	10	1	19	2
243-260	Shanghai Med. Coll.	5	1	5	1	10	2
243-270	Chinese Med. Univ., Shenyang	4	1	2		6	1
243-280	Northwest Med. Coll., Sian	3	1	1		4	1
243-290	Shansi Univ. Med. Coll. Taiyuan	1	1			1	1
243-310	Shantung Med. Coll., Tsinan	5		9	3	14	3
243-320	Shantung Univ. Med. Coll., Tsingtao	1	1	1		2	1
243-330	Hupeh Med. Coll., Wuchang	2	1	3		5	1
243-340	Tsungnan Tungchi Med. Coll., Wuchang	2				2	
243-350	Wuchang Univ.	3	1	1		4	1
	China-Mainland, total	**114**	**28**	**102**	**9**	**216**	**37**
244-010	Kaohsiung Med. Coll.	65	32	44	30	109	62
244-020	China Med. Coll. Taichung	47	18	44	21	91	39
244-030	Chung-Shan Medical and Dental College	51	15	30	15	81	30
244-040	National Taiwan Univ.	44	17	87	68	131	85
244-050	National Defense Med. Center	32	6	27	3	59	9
244-060	Taipei Med. Coll.	65	32	40	22	105	54
	China-Taiwan, total	**304**	**120**	**272**	**159**	**576**	**279**
264-010	Univ. Javeriana	19	3	13	1	32	4
264-015	Hosp. de San Jose, Bogota	15	7	8		23	7
264-015	U.S. Citizen	1				1	
264-020	Univ. Nac. de Colombia	26	5	28	4	54	9
264-025	Univ. Indust. de Santander	4	1	3	1	7	2
264-030	Univ. de Valle	1	1	14	6	15	7
264-030	U.S. Citizen			2		2	
264-040	Univ. de Cartagena	10	1	6		16	1
264-050	Univ. de Caldas	1		2	1	3	1
264-060	Univ. de Antioquia	11	5	8	6	19	11
264-070	Univ. del Cauca	2	1	3	1	5	2
	Colombia, total	**89**	**24**	**85**	**20**	**174**	**44**
	U.S. Citizen, total	**1**		**2**		**3**	
266-020	Univ. Nat. du Zaire	2	1	3		5	1
	Zaire, total	**2**	**1**	**3**		**5**	**1**
270-010	Univ. de Costa Rica	10	5	7	4	17	9
	Costa Rica, total	**10**	**5**	**7**	**4**	**17**	**9**
275-010	Univ. de la Habana	155	41	103	16	258	57
275-020	Univ. de Oriente	2	1	1		3	1
	Cuba, total	**157**	**42**	**104**	**16**	**261**	**58**
286-010	Komensky Univ.	9	2	10	1	19	3
286-020	J. E. Purkyne Univ.	1		3		4	
286-040	Charles Univ., Hradec Kralove	4	2	2		6	2
286-050	Safarik Univ., Kosice	1	1	2		3	1
286-060	Palacky Univ.	1				1	
286-070	Charles Univ., Plzen	2		4		6	
286-080	Charles Univ., Fac. of Paed., Praha	2	1	2	2	4	3
286-090	Charles Univ., Fac. of Gen. Med., Praha	14	7	8	2	22	9
286-100	Charles Univ., Fac. of Hyg., Praha	1		1		2	
	Czechoslovakia, total	**35**	**13**	**32**	**5**	**67**	**18**
297-010	Aarhus Univ.	44	41	28	24	72	65
297-020	Kobenhavns Univ.	93	81	86	69	179	150
297-020	U.S. Citizen			1	1	1	1
297-030	Odense Univ.	12	11	14	13	26	24
	Denmark, total	**149**	**133**	**128**	**106**	**277**	**239**
	U.S. Citizen, total			**1**	**1**	**1**	**1**
308-005	Univ. Central del Este	10		19	3	29	3
308-005	U.S. Citizen	8		15	3	23	3
308-010	Univ. de Santo Domingo	91	13	91	8	182	21
308-010	U.S. Citizen	6	1	7		13	1
308-020	Univ. Nac. Pedro Herniquez Urena	35	15	19	8	54	23
308-020	U.S. Citizen	21	10	8	6	29	16
	Dominican Republic, total	**136**	**28**	**129**	**19**	**265**	**47**
	U.S. Citizen, total	**35**	**11**	**30**	**9**	**65**	**20**

Code		January 1976 Number		July 1976 Number		Total 1976 Number	
No.	Country and School	Taking	Passed	Taking	Passed	Taking	Passed
319-010	Univ. de Cuenca	2	1	1		3	1
319-020	Univ. de Guyaquil	15	8	16	3	31	11
319-025	Univ. Catol. de Santiago de Guayaquil			3	1	3	1
319-025	U.S. Citizen			1		1	
319-030	Univ. Central	8	2	24	6	32	8
	Ecuador, total	**25**	**11**	**44**	**10**	**69**	**21**
	U.S. Citizen, total			**1**		**1**	
341-010	Univ. Nac. del Salvador	13	5	10	3	23	8
	El Salvador, total	**13**	**5**	**10**	**3**	**23**	**8**
366-010	Haile Sellassie I Univ.	5	5	15	9	20	14
	Ethiopia, total	**5**	**5**	**15**	**9**	**20**	**14**
368-010	Fiji Sch. of Med.	4	2	1		5	2
	Fiji, total	**4**	**2**	**1**		**5**	**2**
374-010	Univ. of Helsinki	32	25	18	12	50	37
374-020	Univ. of Oulu	8	8	7	5	15	13
374-030	Univ. of Turku	3	1	3	2	6	3
	Finland, total	**43**	**34**	**28**	**19**	**71**	**53**
396-000				1		1	
396-010	Universite d'Amiens	1	1	2		3	1
396-010	U.S. Citizen	1	1			1	1
396-030	Universite de Besancon	1				1	
396-040	Univ. de Bordeaux II	13	5	9	3	22	8
396-040	U.S. Citizen	1	1			1	1
396-050	Universite de Caen	1	1			1	1
396-050	U.S. Citizen	1	1			1	1
396-065	Universite de Paris XII	3	2	2	1	5	3
396-070	Universite de Dijon	1	1	2	2	3	3
396-075	Universite de Saint-Etienne			1		1	
396-080	Universite de Grenoble I	5	2	4	3	9	5
396-080	U.S. Citizen	1		1		2	
396-090	Univ. Catholique	2		2		4	
396-100	Univ. de Lille II	2	1	3	2	5	3
396-100	U.S. Citizen			1	1	1	1
396-120	Univ. de Lyon I	10	7	4	1	14	8
396-130	Univ. d'Aix-Marseille II	11	6	4	2	15	8
396-130	U.S. Citizen			1		1	
396-140	Universite de Montpellier I	29	16	22	6	51	22
396-140	U.S. Citizen	4	3	1		5	3
396-150	Universite de Nancy I	1	1	3	2	4	3
396-150	U.S. Citizen			1	1	1	1
396-160	Universite de Nantes	1		1		2	
396-162	Universite de Nice	1	1	4	1	5	2
396-169	Universite de Paris V	8	2	18	7	26	9
396-169	U.S. Citizen	1	1	2		3	1
396-170	Universite de Paris VI	35	24	44	27	79	51
396-170	U.S. Citizen	3	2	1		4	2
396-171	Universite de Paris VII	6	3	13	8	19	11
396-171	U.S. Citizen			1	1	1	1
396-180	Universite de Poiters	1		1		2	
396-181	Universite de Paris XI	3	2	4	1	7	3
396-190	Universite de Reims	1	1			1	1
396-210	Univ. de Rouen			1		1	
396-220	Univ. de Strasbourg I	12	8	10	6	22	14
396-230	Univ. de Toulouse III	7	1	5	3	12	4
396-230	U.S. Citizen	1	1			1	1
396-240	Universite de Tours	3	1	3		6	1
	France, total	**158**	**86**	**163**	**75**	**321**	**161**
	U.S. Citizen, total	**13**	**10**	**9**	**3**	**22**	**13**
408-010	Humboldt-Univ., Berlin	1		2	1	3	1
408-050	Martin-Luther-Univ., Halle	1		1		2	
408-070	Karl-Marx-Univ., Leipzig	1	1			1	1
408-090	Universitat Rostock	3		2		5	
	German Dem. Rep., total	**6**	**1**	**5**	**1**	**11**	**2**
409-005	Rheinisch-Westfalische Tech. Hoch., Aachen	1	1	1	1	2	2
409-010	Freie Universitaet Berlin	22	7	41	17	63	24
409-010	U.S. Citizen	1	1			1	1
409-020	Rheinische Friedrich-Wilhelms-Univ., Bonn	17	10	21	16	38	26
409-020	U.S. Citizen	1		1		2	
409-030	Universitaet Duesseldorf	10	5	4	2	14	7
409-040	Friedrich-Alexander-Universitaet	4	2	7	3	11	5
409-045	Ruhr-Universitaet Bochum	1		4	3	5	3
409-050	Johann-Wolfgang-Goethe-Univ. Frankfurt	13	6	30	8	43	14
409-060	Albert-Ludwig-Univ., Freiburg	31	17	32	17	63	34
409-060	U.S. Citizen	1		1		2	
409-070	Justus-Liebig-Univ. Giessen	7	5	14	8	21	13
409-070	U.S. Citizen			2	1	2	1
409-080	Georg-August-Univ. Goettingen	17	10	12	4	29	14
409-080	U.S. Citizen	1				1	

Code		January 1976 Number		July 1976 Number		Total 1976 Number	
No.	Country and School	Taking	Passed	Taking	Passed	Taking	Passed
409-090	Universitaet Hamburg	29	13	26	17	55	30
409-090	U.S. Citizen	2		3	1	5	1
409-095	Technische Univ. Med. Hochschule, Hannover	1	1	16	12	17	13
409-100	Ruprecht-Karl-Universitaet Heidelberg	56	25	38	23	94	48
409-100	U.S. Citizen	3		1		4	
409-110	Univ. des Saarlandes Saarbruecken	7	1	7	5	14	6
409-110	U.S. Citizen	2		1	1	3	1
409-120	Christian-Albrechts Univ., Kiel	8	5	2		10	5
409-120	U.S. Citizen			1		1	
409-130	Universitaet Koeln	12	6	8	5	20	11
409-135	Medizinische Akademie, Luebeck	6	1	6	1	12	2
409-140	Johannes-Gutenberg-Univ., Mainz	10	5	17	8	27	13
409-140	U.S. Citizen	1		1		2	
409-145	Klin. Zent., Mannheim	1				1	
409-150	Philipps-Universitaet Marburg	8	3	4	1	12	4
409-160	Ludwig-Maximilians-Univ., Muenchen	32	14	47	25	79	39
409-160	U.S. Citizen	3	1	1		4	1
409-165	Technische Universitaet Muenchen	28	20	19	7	47	27
409-170	Westfaelische Wilhelms-Univ., Muenster	12	5	15	8	27	13
409-180	Eberhard-Karls-Univ., Tuebingen	15	9	19	11	34	20
409-185	Univ. Ulm			3	2	3	2
409-190	Bayerische Julius-Maximilians-Univ., Wuerzburg	11	5	3	2	14	7
409-190	U.S. Citizen	2	1			2	1
	Fed. Rep. Germany, total	**359**	**176**	**396**	**206**	**755**	**382**
	U.S. Citizen, total	**17**	**3**	**12**	**3**	**29**	**6**
412-010	Univ. of Ghana	7	5	46	40	53	45
	Ghana, total	**7**	**5**	**46**	**40**	**53**	**45**
418-010	National Univ. of Athens	128	47	127	43	255	90
418-010	U.S. Citizen	12	5	13	7	25	12
418-020	Univ. of Thessaloniki	50	21	42	14	92	35
	Greece, total	**178**	**68**	**169**	**57**	**347**	**125**
	U.S. Citizen, total	**12**	**5**	**13**	**7**	**25**	**12**
429-010	Univ. de San Carlos de Guatemala	26	9	29	10	55	19
429-010	U.S. Citizen	1	1			1	1
	Guatemala, total	**26**	**9**	**29**	**10**	**55**	**19**
	U.S. Citizen, total	**1**	**1**			**1**	**1**
440-010	Univ. D'Haiti	94	31	106	25	200	56
	Haiti, total	**94**	**31**	**106**	**25**	**200**	**56**
451-010	Facultad de Ciencias, Honduras	14	5	6	2	20	7
	Honduras, total	**14**	**5**	**6**	**2**	**20**	**7**
462-010	Univ. of Hong Kong	30	29	62	61	92	90
	Hong Kong, total	**30**	**29**	**62**	**61**	**92**	**90**
473-010	Fac. of Med. Univ. of Sci., Budapest	27	12	22	5	49	17
473-010	U.S. Citizen	4	2	5	1	9	3
473-020	Fac. of Med. Univ. of Sci., Debrecen	2	1	1		3	1
473-030	Fac. of Med. Univ. of Sci., Pecs	1		2	1	3	1
473-040	Fac. of Med., Univ. of Med. Sci., Szeged	7	1	12	2	19	3
	Hungary, total	**37**	**14**	**37**	**8**	**74**	**22**
	U.S. Citizen, total	**4**	**2**	**5**	**1**	**9**	**3**
484-010	Univ. of Iceland	26	24	35	30	61	54
	Iceland, total	**26**	**24**	**35**	**30**	**61**	**54**
495-010	Guntur Med. Coll., Andhra Univ.	94	60	50	20	144	80
495-020	Gandhi Med. Coll., Osmania Univ.	93	43	70	15	163	58
495-030	Osmania Medical College	114	43	91	19	205	62
495-040	Rangaraya Med. Coll., Andhra Univ.	77	33	21	4	98	37
495-050	Kurnool Med. Coll., Sri Venkatesvara Univ.	40	20	16	4	56	24
495-070	Sri Venkatesvara Univ. Med. Coll., Tirupati	29	18	14	8	43	26
495-080	Andhra Med. Coll., Andhra Univ.	76	40	29	8	105	48
495-090	Kakatiya Med. Coll., Osmania Univ.	57	27	27	5	84	32
495-110	Assam Med. Coll., Dibrugarh Univ.	7	4	5		12	4
495-120	Med. Coll., Gauhati Univ.	7	3	10	2	17	5
495-125	Silchar Med. Coll., Gauhati Univ.			1		1	
495-130	M.G.M. Med. Coll., Ranchi Univ.	10	1	8	2	18	3
495-140	Darbhanga Med. Coll., Bihar Univ.	14	5	20	5	34	10
495-150	Prince of Wales Med. Coll., Patna Unvi.	21	4	18	3	39	7
495-160	Rajendra Med. Coll., Bihar Univ.	12	4	8	3	20	7
495-180	All-India Inst. of Med. Sci.	34	27	19	10	53	37
495-190	Lady Hardinge Med. Coll., Delhi Univ.	56	29	44	17	100	46
495-200	Maulana Azad Med. Coll., Delhi Univ.	61	41	61	32	122	73
495-210	B. J. Med. Coll., Gujarat Univ.	157	70	82	35	239	105
495-215	Municipal Med. Coll., Gujarat Univ.	44	22	34	11	78	33
495-220	Medical Coll., Baroda Univ.	70	45	58	34	128	79
495-230	M. P. Shah Med. Coll., Gujarat Univ.	58	20	30	7	88	27
495-233	Government Medical College, Gujarat	23	12	9	3	32	15
495-236	Himachal Pradesh Med. Coll., Punjab Univ.	8	4	6	3	14	7
495-240	Government Med. Coll., Srinagar	45	12	30	5	75	17
495-250	T. D. Med. Coll., Kerala Univ.	13	7	6	3	19	10
495-260	Med. Coll., Calicut	23	15	24	10	47	25
495-280	Kottayam Med. Coll., Kerala Univ.	13	12	10	4	23	16

Code No.	Country and School	January 1976 Number		July 1976 Number		Total 1976 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
India (continued)							
495-290	Medical College, Trivandrum	37	19	32	13	69	32
495-300	Gandhi Med. Coll., Vikram Univ.	13	4	17	5	30	9
495-310	Gajra Raja Med. Coll., Vikram Univ.	26	5	20	3	46	8
495-320	Mahatma Gandhi Memorial Med. Coll., Indore	60	28	46	15	106	43
495-330	Med. Coll., Jabalpur Univ.	23	9	19	6	42	15
495-335	Nehru Mem. Med. Coll., Ravi Shankar Univ.	7	4	5	2	12	6
495-338	Medical College, Saugar Univ.	2	2			2	2
495-340	Chingleput Med. Coll., Madras Univ.	3	1	3		6	1
495-345	Coimbatore Medical College, Madras Univ.	16	11	8	3	24	14
495-350	Kilpauk Med. Coll., Madras Univ.	18	7	15	7	33	14
495-360	Madras Med. Coll., Madras Univ.	76	37	49	18	125	55
495-370	Stanley Med. Coll., Madras Univ.	57	30	25	6	82	36
495-380	Medical College, Madurai Univ.	28	14	13	3	41	17
495-390	Thanjavur Med. Coll., Madras Univ.	18	9	8	1	26	10
495-395	Tirunelveli Medical College, Madurai Univ.	5	2	3		8	2
495-400	Christian Med. Coll., Madras Univ.	22	17	17	9	39	26
495-410	Government Med. Coll., Marathwada Univ.	13	6	6	1	19	7
495-420	Grant Med. Coll., Bombay Univ.	125	58	84	29	209	87
495-430	Seth G. S. Med. Coll., Bombay Univ.	94	71	43	30	137	101
495-435	L.T.M. Medical College, Bombay Univ.	23	15	19	6	42	21
495-440	Topiwala Nat. Med. Coll., Bombay Univ.	73	41	56	28	129	69
495-450	Miraj Med. Coll., Shivaji Univ.	1		1	1	2	1
495-460	Corporation Med. Coll., Nagpur Univ.	23	13	9	2	32	15
495-465	Government Med. Coll., Nagpur Univ.	10	7	9	3	19	10
495-470	Armed Forces Med. Coll., Poona Univ.	24	11	34	17	58	28
495-480	Byramjee Jeejeebhoy Med. Coll., Poona Univ.	30	18	14	4	44	22
495-485	Dr. Vaishampayan Mem. Med. Coll., Shivaji Univ.	10	6	8	2	18	8
495-487	Mahatma Gandhi Coll., Wardha	2		3	1	5	1
495-490	Government Med. Coll., Karnatak Univ.	18	8	15	2	33	10
495-500	Bangalore Med. Coll., Bangalore Univ.	93	40	66	19	159	59
495-510	St. John's Med. Coll., Bangalore Univ.	13	6	20	13	33	19
495-513	J. L. Nehru Medical College, Karnatak Univ.	18	3	11	2	29	5
495-515	J.J.M. Medical College, Mysore Univ.	17	4	10	3	27	7
495-517	H. K. Education Society's Med. Coll., Karnatak Univ.	15	3	22	5	37	8
495-520	Karnatak Med. Coll., Karnatak Univ.	22	13	19	10	41	23
495-530	Kasturba Med. Coll., Karnatak Univ.	98	39	79	23	177	62
495-540	Government Med. Coll., Mysore Univ.	52	18	41	10	93	28
495-550	Berhampur Med. Coll., Utkal Univ.	4		3		7	
495-560	Shiram Chandra Bhanj Med. Coll., Utkal Univ.	20	9	17	4	37	13
495-570	V.S.S. Med. Coll., Utkal Univ.	6	3	6	1	12	4
495-590	Jawaharlal Institute, Pondicherry	25	18	12	5	37	23
495-600	Medical College, Punjab Univ.	56	25	46	16	102	41
495-610	Dayanand Med. Coll., Punjab Univ.	11	4	9	1	20	5
495-620	Christian Med. Coll., Punjab Univ.	35	22	28	15	63	37
495-630	Government Med. Coll., Punjab Univ.	39	20	45	19	84	39
495-640	Government Med. Coll., Punjab Univ.	21	10	12	5	33	15
495-645	J.L.N. Medical College, Rajasthan Univ.	10	8	4	2	14	10
495-650	Sarda Patel Med. Coll., Rajasthan Univ.	19	5	22	4	41	9
495-670	Sawai Man Singh Med. Coll., Rajasthan Univ.	45	17	40	11	85	28
495-675	Dr. S.N. Medical College, Rajasthan Univ.	3	1	3	1	6	2
495-680	Ravindra Nath Tagore Med. Coll., Rajasthan Univ.	13	4	19	1	32	5
495-690	Sarojini Najdu Med. Coll., Agra Univ.	19	7	17	2	36	9
495-700	J.N. Med. Coll., Aligarh Muslim Univ.	18	10	14	4	32	14
495-710	Moti Lal Nehru Med. Coll., Allahabad Univ.	10	2	10	5	20	7
495-715	M. L. B. Med. Coll., Jhansi	3	1			3	1
495-720	G.S.V.M. Med. Coll., Lucknow Univ.	22	13	17	3	39	16
495-740	King George's Med. Coll., Lucknow Univ.	35	19	31	14	66	33
495-745	Medical College, Meerut Univ.	3	2	3	2	6	4
495-750	Inst. of Med. Sciences, Banaras Hindu Univ.	15	8	14	5	29	13
495-760	Bankura Sammilani Med. Coll., Calcutta Univ.	3	2	1		4	2
495-770	Calcutta Nat. Med. Inst., Calcutta Univ.	22	8	23	7	45	15
495-780	Medical College, Univ. of Calcutta	29	18	17	10	46	28
495-790	Nilratan Sircar Med. Coll., Calcutta Univ.	16	6	15	5	31	11
495-800	R. G. Kar Med. Coll., Calcutta Univ.	26	10	23	5	49	15
495-805	No. Bengal Univ. Med. Coll.	1		1		2	
495-810	Goa Medical College, Panaji	19	6	11	3	30	9
495-999	Medical College, Goa	3		1	1	4	1
	India, total	**2,992**	**1,458**	**2,114**	**725**	**5,106**	**2,183**
506-010	Padjadjaran Univ.	5	3	11	2	16	5
506-040	Baperki Univ.	1	1			1	1

Code No.	Country and School	January 1976 Number Taking	January 1976 Number Passed	July 1976 Number Taking	July 1976 Number Passed	Total 1976 Number Taking	Total 1976 Number Passed
506-050	Christian Univ.	1				1	
506-060	Univ. of Indonesia	14	6	12	2	26	8
506-065	Univ. Trisakti	1				1	
506-070	Gadjah Mada Univ.	7		8		15	
506-080	Hasanuddin Univ.			1		1	
506-110	Univ. of North Sumatra	4	1	2	1	6	2
506-140	Diponegoro Univ.	2	1	1		3	1
506-150	Airlangga Univ.	9	2	10	2	19	4
	Indonesia, total	**44**	**14**	**45**	**7**	**89**	**21**
517-010	Gondi Shappor Faculty of Med., Ahwaz	12	4	11	3	23	7
517-020	University of Isfahan, Isfahan	23	9	10	1	33	10
517-030	Meshed University, Meshed	28	14	19	5	47	19
517-040	Pahlavi University, Shiraz	25	13	72	48	97	61
517-040	U.S. Citizen	1	1			1	1
517-050	Fac. of Med., Tabriz	17	5	13	5	30	10
517-060	National Univ. of Iran, Teheran	27	7	14	2	41	9
517-070	Univ. of Teheran	67	26	47	14	114	41
	Iran, total	**199**	**78**	**186**	**79**	**385**	**157**
	U.S. Citizen, total	**1**	**1**			**1**	**1**
528-010	University of Baghdad, Baghdad	34	14	61	25	95	39
528-015	Univ. of Basrah, Basrah	3	1	2	1	5	2
528-020	University of Mosul, Mosul	9	3	13	5	22	8
	Iraq, total	**46**	**18**	**76**	**31**	**122**	**49**
539-010	National Univ. of Ireland, Cork	53	50	4	2	57	52
539-020	National Univ. of Ireland, Dublin	51	41	50	43	101	84
539-030	Royal Coll. of Surg. in Ireland, Dublin	69	45	14	8	83	53
539-030	U.S. Citizen	3	3	2	1	5	4
539-040	Trinity College, Univ. of Dublin	93	84	9	7	102	91
539-050	Univ. College Galway, Galway	39	34	11	9	50	43
	Ireland, total	**305**	**254**	**88**	**69**	**393**	**323**
	U.S. Citizen, total	**3**	**3**	**2**	**1**	**5**	**4**
550-005	The Abba Khoushi Sch. of Med. in Haifi	37	34	17	10	54	44
550-010	Hebrew Univ.-Hadassah Med. Sch., Jerusalem	95	90	20	13	115	103
550-010	U.S. Citizen	1		1		2	
550-020	Tel-Aviv University, Tel Aviv	45	32	123	96	168	128
550-020	U.S. Citizen	3	2	2	1	5	3
	Israel, total	**177**	**156**	**160**	**119**	**337**	**275**
	U.S. Citizen, total	**4**	**2**	**3**	**1**	**7**	**3**
561-005	Ist. Sup. di Med. e Chir. dell'Aquila			1		1	
561-010	Univ. di Bari	4	1	5	3	9	4
561-020	Univ. di Bologna	161	59	148	41	309	100
561-020	U.S. Citizen	93	40	88	28	181	68
561-030	Univ. di Cagliari	2				2	
561-040	Univ. di Catania	3	3	1		4	3
561-045	Univ. G. d'Annunzio, Chieti	1	1			1	1
561-050	Univ. di Ferrara	1	1			1	1
561-050	U.S. Citizen	1	1			1	1
561-060	Univ. di Firenze	16	6	10	4	26	10
561-060	U.S. Citzen	1		2	1	3	1
561-070	Univ. di Genova	7	4	8	3	15	7
561-080	Univ. di Messina	2	1	3	1	5	2
561-080	U.S. Citizen			1		1	
561-090	Univ. di Milano	28	14	26	10	54	24
561-100	Univ. di Modena	4	2	1		5	2
561-110	Univ. di Napoli	15	5	23	5	38	10
561-110	U.S. Citizen	3	1	6	1	9	2
561-120	Univ. di Padova	39	23	43	17	82	40
561-120	U.S. Citizen	6	4	10	4	16	8
561-130	Univ. di Palermo	1		5	1	6	1
561-130	U.S Citizen	1		1		2	
561-140	Univ. di Parma	11	6	5	1	16	7
561-150	Univ. di Pavia	12	6	12	6	24	12
561-150	U.S. Citizen			1		1	
561-160	Univ. di Perugia	8	1	5	1	13	2
561-170	Univ. di Pisa	4	1	4	4	8	5
561-180	Univ. Cattol. del Sacro Cuore	9	6	19	13	28	19
561-180	U.S. Citizen			1	1	1	1
561-190	Univ. di Roma	61	32	100	51	161	83
561-190	U.S. Citizen	22	14	37	23	59	37
561-200	Univ. di Sassari	1	1			1	1
561-210	Univ. di Siena	7	4	3	1	10	5
561-220	Univ. di Torino	12	7	9	3	21	10
561-230	Univ. di Trieste	1	1	1	1	2	2
	Italy, total	**410**	**185**	**432**	**166**	**842**	**351**
	U.S. Citizen, total	**127**	**60**	**147**	**58**	**274**	**118**
563-010	Univ. d'Abidjan	2		1		3	
	Ivory Coast, total	**2**		**1**		**3**	
566-010	Univ. of the West Indies	50	34	38	27	88	61
566-010	U.S. Citizen	2	2	1	1	3	3
	Jamaica, total	**50**	**34**	**38**	**27**	**88**	**61**
	U.S. Citizen, total	**2**	**2**	**1**	**1**	**3**	**3**

Code No.	Country and School	January 1976 Number		July 1976 Number		Total 1976 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
572-005	Akita Univ.	2	2	15	9	17	11
572-010	Chiba Univ.	21	12	35	21	56	33
572-020	Kyushu Univ.	22	20	39	24	61	44
572-030	Fukushima Prefect. Med. Coll.	7	5	8	4	15	9
572-040	Gifu Univ. School of Medicine	9	3	9	3	18	6
572-050	Hirosaki Univ.	16	9	22	10	38	19
572-060	Hiroshima Univ.	22	18	16	9	38	27
572-070	Kagoshima Univ.	9	6	17	9	26	15
572-080	Kanazawa Univ.	10	9	17	3	27	12
572-090	Nara Prefect. Med. Coll.	7	4	5	3	12	7
572-100	Kobe Med. Coll.	16	12	16	13	32	25
572-110	Kumamoto Univ.	12	7	18	7	30	14
572-120	Kurume Univ.	2	1	2	2	4	3
572-130	Kyoto Univ.	31	24	44	32	75	56
572-140	Kyoto Prefect. Univ. of Med.	14	6	5	2	19	8
572-150	Gunma Univ.	37	31	18	9	55	40
572-160	Shinshu Univ.	17	13	17	5	34	18
572-165	Kyorin Univ.	1		1		2	
572-170	Kansai Med. Coll.	4	4	8	5	12	9
572-170	U.S. Citizen	1	1			1	1
572-180	Iwate Med. Univ.	4	1	5	2	9	3
572-190	Nagasaki Univ.	5	2	13	9	18	11
572-200	Nagoya City Univ.	4	3	6	4	10	7
572-210	Nagoya Nat. Univ.	17	13	13	7	30	20
572-220	Niigata Univ.	19	12	17	4	36	16
572-230	Okayama Univ.	10	9	11	7	21	16
572-240	Osaka Med. Univ. for Women			1		1	
572-250	Osaka Univ.	22	18	38	22	60	40
572-255	Kitasato Univ.	29	13	29	7	58	20
572-260	Osaka City Med. Sch.	3	2	13	9	16	11
572-270	Hokkaido Univ.	10	7	12	8	22	15
572-280	Sapporo Med. Coll.	12	9	10	5	22	14
572-290	Tohoku Univ.	25	17	12	6	37	23
572-300	Osaka Med. Coll.	3	3	2	1	5	4
572-310	Tokushima Univ.	13	8	13	6	26	14
572-320	Juntendo Univ.	8	1	6	3	14	4
572-330	Nihon Univ.	9	3	13	3	22	6
572-330	U.S. Citizen	1		1		2	
572-340	Univ. of Tokyo	34	29	26	18	60	47
572-350	Toho Univ.	6	5	2	2	8	7
572-360	Nippon Med. Sch.	12	4	21	10	33	14
572-360	U.S. Citizen			1		1	
572-370	Keio Gijuku Univ.	82	45	20	7	102	52
572-380	Tokyo Med. & Dent. Univ.	38	27	14	11	52	38
572-390	Showa Med. Sch.	1		4		5	
572-400	Tokyo Jikei-Kai Sch. of Med.	3	1	19	9	22	10
572-410	Toyko Medical Univ.	7	5	7	3	14	8
572-420	Tokyo Women's Med. Coll.	2		1		3	
572-430	Mie Prefect. Univ.	4	2	23	9	27	11
572-440	Yamaguchi Prefect. Univ. of Med.	17	9	16	4	33	13
572-450	Wakayama Prefect. Med. Coll.	12	6	5	2	17	8
572-460	Yokohama Municipal Univ.	25	20	9	7	34	27
572-470	Tottori Univ.	8	6	8	5	16	11
	Japan, total	**703**	**466**	**701**	**360**	**1,404**	**826**
	U.S. Citizen, total	**2**	**1**	**2**		**4**	**1**
577-010	Univ. of Nairobi	28	22	4	2	32	24
	Kenya, total	**28**	**22**	**4**	**2**	**32**	**24**
583-015	Chosun Univ.	12	5	2	1	14	6
583-015	U.S. Citizen	1	1			1	1
583-020	Chonan Nat. Univ.	24	20	6		30	20
583-040	Pusan Nat. Univ.	12	7	5	1	17	8
583-050	Catholic Medical College, Seoul	33	23	11	4	44	27
583-055	Choongang Univ.			7	6	7	6
583-060	Ewha Women's Univ.	34	23	21	10	55	33
583-060	U.S. Citizen			1		1	
583-063	Hanyang Univ.	17	11	1	1	18	12
583-063	U.S. Citizen	1	1			1	1
583-066	Kyunghee Univ.	15	6	2	1	17	7
583-070	Seoul Nat. Univ.	133	110	13	6	146	116
583-080	Yonsei Univ.	87	81	9	7	96	88
583-090	Korea Univ.	83	25	47	12	130	37
583-090	U.S. Citizen	1	1			1	1
583-100	Kyungpook Nat. Univ.	20	13	5	1	25	14
583-110	Choong-Nam Nat. Univ.	17	12			17	12
	Republic of Korea, total	**487**	**336**	**129**	**50**	**616**	**386**
	U.S. Citizen, total	**3**	**3**	**1**		**4**	**3**
590-010	Ecole Royale de Med. du Laos	3	2	1		4	2
	Laos, total	**3**	**2**	**1**		**4**	**2**
605-010	American Univ. of Beirut	6	5	45	35	51	40
605-010	U.S. Citizen	1	1	2	2	3	3
605-020	Fac. Francaise de Med., Univ. Beyrouth	6	4	12	7	18	11
	Lebanon, total	**12**	**9**	**57**	**42**	**69**	**51**
	U.S. Citizen, total	**1**	**1**	**2**	**2**	**3**	**3**

Code No.	Country and School	January 1976 Number Taking	January 1976 Number Passed	July 1976 Number Taking	July 1976 Number Passed	Total 1976 Number Taking	Total 1976 Number Passed
610-010	A.M. Deglioth Coll. of Med., Monrovia	4	2	3		7	2
	Liberia, total	**4**	**2**	**3**		**7**	**2**
624-030	Univ. of Malaya, Kuala Lumpur	98	98	6	4	104	102
	Malaysia, total	**98**	**98**	**6**	**4**	**104**	**102**
627-010	Royal Univ. of Malta	2	2	2	1	4	3
	Malta, total	**2**	**2**	**2**	**1**	**4**	**3**
649-020	Univ. Autonoma de Chihuahua	22	3	19	2	41	5
649-025	Universidad Autonoma	3	1	4	3	7	4
649-025	U.S. Citizen	1		3	3	4	3
649-030	Univ. Juarez del Estado de Durango	1	1	4	2	5	3
649-030	U.S. Citizen	1	1	2	2	3	3
649-040	Univ. Autonoma de Guadalajara	665	279	674	249	1,339	528
649-040	U.S. Citizen	492	227	515	207	1,007	434
649-050	Univ. de Guadalajara	34	14	23	5	57	19
649-050	U.S. Citizen	16	9	11	3	27	12
649-060	Univ. de Guanajuato	2	1	5	1	7	2
649-070	Univ. de Yucatan	14	10	14	3	28	13
649-070	U.S. Citizen	1	1			1	1
649-090	Esc. Medico Militar, Mexico	9	5	2	1	11	6
649-090	U.S. Citizen	1	1			1	1
649-095	Esc. Mexicana de Med., Mexico	26	8	20	4	46	12
649-095	U.S. Citizen	3	1	4	1	7	2
649-100	Esc. Nac. de Med. Homeopatica, Mexico	2		1		3	
649-110	Inst. Politec. Nac. Esc. Superior de Med., Mexico	4	2	9		13	2
649-110	U.S. Citizen	1	1			1	1
649-120	Univ. Nac. Autonoma de Mexico, Mexico	230	59	143	22	373	81
649-120	U.S. Citizen	15	5	10	1	25	6
649-130	Univ. Autonoma de Nuevo Leon, Nuevo Leon	19	6	17	7	36	13
649-130	U.S. Citizen	2	2	3		5	2
649-133	Univ. de Monterrey, Nuevo Leon	22	15	28	16	50	31
649-133	U.S. Citizen	9	8	6	5	15	13
649-140	Univ. de Michoacana San Nic. de Hidalgo, Michoacan	9	3	8	1	17	4
649-140	U.S. Citizen	2	1	5		7	1
649-150	Univ. Benito Juarez de Oaxaca	2	1	2		4	1
649-150	U.S. Citizen	1	1			1	1
649-170	Univ. Autonoma de Puebla	1	1	5	1	6	2
649-180	Univ. Auton. de San Luis Potosi	8	4	7	3	15	7
649-180	U.S. Citizen	3	2	1		4	2
649-190	Univ. de Tamaulipas	5	1	11		16	1
649-190	U.S. Citizen			2		2	
649-210	Univ. Auto. del Estrado de Mexico, Toluca	5	1	2		7	1
649-210	U.S. Citizen	2		2		4	
649-220	Univ. de Coahuila, Torreon	1	1	3	2	4	3
649-230	Univ. Veracruzana, Veracruz	1				1	
	Mexico, total	**1,085**	**416**	**1,001**	**322**	**2,086**	**738**
	U.S. Citizen, total	**550**	**260**	**564**	**222**	**1,114**	**382**
660-010	Univ. van Amsterdam	12	8	14	12	26	20
660-020	Vrije Univ., Amsterdam	4	4	5	4	9	8
660-030	Rijksuniv. Groningen	16	15	28	20	44	35
660-040	Rijksuniv. te Leiden	33	26	24	15	57	41
660-050	Katholieke Universiteit, Nijmegen	4	3	1	1	5	4
660-055	Med. Fac. Rotterdam	12	11	7	5	19	16
660-060	Rijksuniv. te Utrecht	19	16	21	18	40	34
	Netherlands, total	**100**	**83**	**100**	**75**	**200**	**158**
671-005	Univ. of Auckland	7	7	12	12	19	19
671-010	Univ. of Otago, Dunedin	23	22	27	25	50	47
671-010	U.S. Citizen	1	1			1	1
	New Zealand, total	**30**	**29**	**39**	**37**	**69**	**66**
	U.S. Citizen, total	**1**	**1**			**1**	**1**
682-010	Univ. Nac. de Autonoma de Nicaragua	18	7	15	3	33	10
682-010	U.S. Citizen	2	2			2	2
	Nicaragua, total	**18**	**7**	**15**	**3**	**33**	**10**
	U.S. Citizen, total	**2**	**2**			**2**	**2**
690-005	Univ. of Nigeria	13	7	57	15	70	22
690-010	Univ. of Ibadan	7	4	106	73	113	77
690-020	Univ. of Lagos	35	19	13	7	48	26
690-030	Ahmadu Bello Univ., Zaria	3	1	8	3	11	4
	Nigeria, total	**58**	**31**	**184**	**98**	**242**	**129**
693-010	Univ., I Bergen	3	3	5	5	8	8
693-020	Univ. I Oslo	4	3	14	11	18	14
	Norway, total	**7**	**6**	**19**	**16**	**26**	**22**
704-003	Quaid-E-Azam Med. Coll.	4	2	16	2	20	4
704-040	C.M.S. Med. Coll., Hyderabad	3	1			3	1
704-050	Liaquat Med. Coll., Hyderabad	47	10	26	9	73	19
704-060	Dow Med. Coll., Karachi	148	61	75	20	223	81
704-070	Fatima Jinnah Med., Coll., Lahore	50	13	43	9	93	22
704-080	King Edward Med. Coll., Lahore	106	44	104	31	210	75
704-090	Nishtar Med. Coll., Multan	38	11	33	11	71	22

Code No.	Country and School	January 1976 Number		July 1976 Number		Total 1976 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
Pakistan (continued)							
704-110	Khyber Med. Coll., Peshawar	53	18	80	14	133	32
	Pakistan, total	**449**	**160**	**377**	**96**	**826**	**256**
715-010	Univ. de Panama	24	12	15	6	39	18
715-010	U.S. Citizen	1	1			1	1
	Panama, total	**24**	**12**	**15**	**6**	**39**	**18**
	U.S. Citizen, total	**1**	**1**			**1**	**1**
720-010	Univ. of Papua and New Guinea	5	3	1	1	6	4
	Papua, total	**5**	**3**	**1**	**1**	**6**	**4**
726-010	Facultad de Ciencias Medicas, Ascuncion	9	3			9	3
	Paraguay, total	**9**	**3**			**9**	**3**
737-010	Univ. Nac. de San Agustin	2		1	1	3	1
737-016	Univ. San Luis Gonzaga de Ica	2	1			2	1
737-020	Univ. Peruana Cayetano Heredia, Lima	42	20	9	2	51	22
737-020	U.S. Citizen			1		1	
737-025	Univ. Nac. Federico Villarreal, Lima	3	1			3	1
737-030	Fernando, Univ. Nac. Mayor de San Marcos	41	16	31	9	72	25
737-040	Univ. Nac. de Trujillo	4	2	7	4	11	6
	Peru, total	**94**	**40**	**48**	**16**	**142**	**56**
	U.S. Citizen			**1**		**1**	
748-010	Cebu Institute of Medicine, Cebu City	131	25	50	16	181	41
748-010	U.S. Citizen	2	2	1	1	3	3
748-020	Southwestern Univ., Cebu City	152	15	108	5	260	20
748-020	U.S. Citizen	2	2	3		5	2
748-030	Manila Central Univ., Caloocan City	378	33	344	32	722	65
748-030	U.S. Citizen	2		2		4	
748-040	Univ. of the Philippines, Manila	44	23	34	18	78	41
748-050	Univ. of Santo Tomas, Manila	516	98	425	74	941	172
748-050	U.S. Citizen	4	1	6	2	10	3
748-060	Far Eastern Univ., Manila	263	60	193	28	456	88
748-060	U.S. Citizen	3	1	7	5	10	6
748-070	Univ. of the East, Quezon City	146	34	104	28	250	62
748-070	U.S. Citizen	8	5	6	4	14	9
	Philippines, total	**1,630**	**288**	**1,258**	**201**	**2,888**	**489**
	U.S. Citizen, total	**21**	**11**	**25**	**12**	**46**	**23**
759-010	Akademia Medyczna, Bialystock	2	1	3		5	1
759-030	Akademia Medyczna, Gdansk	6	1	9	3	15	4
759-040	Akademia Medyczna, Krakow	19	2	25	9	44	11
759-050	Akademia Medyczna, Lodz	10	3	6	1	16	4
759-060	Akademia Medyczna, Lublin	5	1	4		9	1
759-060	U.S. Citizen	1	1			1	1
759-070	Akademia Medyczna, Poznan	14	6	7		21	6
759-080	Pomorska Akad. Med., Stettin	4	1	4	1	8	2
759-090	Akademia Medyczna, Warsaw	44	13	47	11	91	24
759-090	U.S. Citizen	2	1	2		4	1
759-100	Akademia Medyczna, Wroclaw	14	3	16		30	3
759-110	Slaska Akad. Med., Katowice	10	3	8	1	18	4
	Poland, total	**128**	**34**	**129**	**26**	**257**	**60**
	U.S. Citizen, total	**3**	**2**	**2**		**5**	**2**
770-010	Univ. da Coimbra	3	1	4	3	7	4
770-020	Univ. de Lisboa	18	10	10	5	28	15
770-030	Univ. do Porto	5	2	5	1	10	3
	Portugal, total	**26**	**13**	**19**	**9**	**45**	**22**
775-010	Godfrey Huggins School of Medicine, Salisbury	1	1	9	8	10	9
	Southern Rhodesia, total	**1**	**1**	**9**	**8**	**10**	**9**
781-010	Inst. de Med. Si Farm., Bucharest	39	7	44	7	83	14
781-020	Inst. de Med. Si Farm., Cluj	15	9	11	3	26	12
781-030	Inst. de Med. Si Farm., Jassy	8	1	8	2	16	3
781-040	Inst. de Med., Timisoara	4	1	2		6	1
781-050	Inst. de Med. Si Farm., Tirgu-Mures	2	2	2		4	2
	Rumania, total	**68**	**20**	**67**	**12**	**135**	**32**
797-010	Univ. of Riyad			8	3	8	3
	Saudi Arabia, total			**8**	**3**	**8**	**3**
825-010	Univ. of Singapore	95	93	17	16	112	109
	Singapore, total	**95**	**93**	**17**	**16**	**112**	**109**
836-010	Univ. of Stellenbosch	5	5	19	17	24	22
836-015	Univ. of the Orange Free State	1		1	1	2	1
836-020	Univ. of Cape Town	7	6	137	123	144	129
836-030	Univ. of Natal	1	1	13	11	14	12
836-040	Univ. of the Witwatersrand	14	11	135	116	149	127
836-050	Univ. of Pretoria	16	13	46	37	62	50
	South Africa, total	**44**	**36**	**351**	**305**	**395**	**341**
847-010	Univ. de Barcelona	48	9	44	15	92	24
847-010	U.S. Citizen	20	2	19	4	39	6
847-015	Univ. Autonoma de Barcelona	26	13	15	7	41	20
847-015	U.S. Citizen	7	3	7	2	14	5
847-020	Universidad de Sevilla, Cadiz	12	1	11	2	23	3
847-020	U.S. Citizen	4		2		6	

Code No.	Country and School	January 1976 Number Taking	January 1976 Number Passed	July 1976 Number Taking	July 1976 Number Passed	Total 1976 Number Taking	Total 1976 Number Passed
847-030	Univ. de Granada	35	9	23	5	58	14
847-030	U.S. Citizen	6	1	5	2	11	3
847-035	Univ. de La Laguna	3	3	2	1	5	4
847-040	Univ. Complutense de Madrid	82	29	80	14	162	43
847-040	U.S. Citizen	18	5	20	3	38	8
847-045	Univ. Autonoma de Madrid	26	14	38	18	64	32
847-045	U.S. Citizen	4	2	4		8	2
847-047	Univ. de Murcia	3	2	1	1	4	3
847-049	Univ. de Oviedo	1	1	2	1	3	2
847-049	U.S. Citizen	1	1	1	1	2	2
847-050	Univ. de Navarra	19	6	15	7	34	13
847-050	U.S. Citizen	9	3	5	3	14	6
847-060	Univ. de Salamanca	47	11	43		90	11
847-060	U.S. Citizen	12	2	21		33	2
847-070	Univ. de Santiago	73	26	67	11	140	37
847-070	U.S. Citizen	29	11	25	4	54	15
847-080	Univ. de Sevilla	50	7	30	1	80	8
847-080	U.S. Citizen	22	3	13		35	3
847-090	Univ. de Valencia	25	5	40	2	65	7
847-090	U.S. Citizen	10	1	24	1	34	2
847-100	Univ. de Valladolid	20	8	19	3	39	11
847-100	U.S. Citizen	2	1	2		4	1
847-110	Univ. de Zaragoga	136	27	123	17	259	44
847-110	U.S. Citizen	61	10	56	6	117	16
	Spain, total	**606**	**171**	**553**	**105**	**1,159**	**276**
	U.S. Citizen, total	**205**	**45**	**204**	**26**	**409**	**71**
848-010	Univ. of Khartoum	9	6	2	1	11	7
	Sudan, total	**9**	**6**	**2**	**1**	**11**	**7**
850-010	Geneeskumdige School, Paramaribo	1				1	
	Surinam, total	**1**				**1**	
858-010	Univ. I Goteborg	15	14	9	9	24	23
858-015	Med. Fac., Linkoping	3	3	5	5	8	8
858-020	Univ. I Lund	10	9	17	15	27	24
858-020	U.S. Citizen			1	1	1	1
858-030	Karolinska Med. Kirurg. Inst.	18	17	13	10	31	27
858-040	Univ. I Umea			3	3	3	3
858-050	Univ. I Uppsala	4	3	2	1	6	4
	Sweden, total	**50**	**46**	**49**	**43**	**99**	**89**
	U.S. Citizen, total			**1**	**1**	**1**	**1**
869-010	Univ. Basel	57	41	47	38	104	79
869-010	U.S. Citizen			2	1	2	1
869-020	Univ. Bern	13	10	77	71	90	81
869-020	U.S. Citizen			1		1	
869-030	Univ. de Geneve	48	44	25	19	73	63
869-030	U.S. Citizen	1	1	2	2	3	3
869-040	Univ. de Lausanne	32	28	34	25	66	53
869-050	Univ. Zurich	45	43	41	32	86	75
869-050	U.S. Citizen	2	2			2	2
	Switzerland, total	**195**	**166**	**224**	**185**	**419**	**351**
	U.S. Citizen, total	**3**	**3**	**5**	**3**	**8**	**6**
875-005	Univ. of Aleppo	10	4	19	12	29	16
875-010	Damascus Univ.	37	17	73	35	110	52
	Syrian Arab Republ, total	**47**	**21**	**92**	**47**	**139**	**68**
880-010	Univ. of Dar es Salaam			6	6	6	6
	Un. Rep. Tanzania, total			**6**	**6**	**6**	**6**
891-010	Chulalongkorn Univ.	45	30	1		46	30
891-015	Mahidol Univ., Ramathibodi Hosp.	54	53	3	1	57	54
891-020	Chiangmai Univ.	39	31	1	1	40	32
891-030	Mahidol Univ., Siriraj Hosp.	47	30	4		51	30
	Thailand, total	**185**	**144**	**9**	**2**	**194**	**146**
895-010	Fac. de Med. et de Pharmacie de Tunis	1	1	1	1	2	2
	Tunisia, total	**1**	**1**	**1**	**1**	**2**	**2**
902-010	Ankara Univ.	28	8	26	6	54	14
902-015	Haceteppe Univ.	3	3	12	7	15	10
902-017	Ataturk Univ.			1	1	1	1
902-020	Istanbul Univ., Bayazit, Istanbul	31	10	27	4	58	14
902-025	Istanbul Univ., Cerrahpasa, Istanbul	7	4	7		14	4
902-030	Ege Univ.	3		6	3	9	3
	Turkey, total	**72**	**25**	**79**	**21**	**151**	**46**
905-010	Makerere Univ.	19	14	13	5	32	19
	Uganda, total	**19**	**14**	**13**	**5**	**32**	**19**
913-010	Erevanskij Med. Inst.	10	2	14		24	2
913-040	Minskij Med. Inst.	1		2		3	
913-070	Tbilisskij Med. Inst.	10	5	6		16	5
913-090	Alma-Atinskij Med. Inst.	1		1		2	
913-130	Rizskij Med. Inst.	8	4	7	3	15	7
913-140	Kauno Med. Inst.	5	2	2	1	7	3
913-140	U.S. Citizen			1		1	
913-150	Vilniaus Univ.	3	2	1		4	2
913-160	Kisinevskij Med. Inst.	3	1	4		7	1
913-170	Arhangel'skij Med. Inst.	1		1	1	2	1

Code No.	Country and School	January 1976 Number		July 1976 Number		Total 1976 Number	
		Taking	Passed	Taking	Passed	Taking	Passed
U.S.S.R. (continued)							
913-180	Astrahanskij Med. Inst.	1		2		3	
913-220	Citinskij Med. Inst.			1		1	
913-230	Chkalov Med. Inst.	1		2		3	
913-260	Habarovskij Med. Inst.	1		1	1	2	1
913-320	Kalininskij Med. Inst.			1		1	
913-350	Kubanskij Med. Inst.			1		1	
913-390	First Leningradskij Med. Inst.	14	4	10	5	24	9
913-400	Leningradskij Pediatriceskij	8	1	6	2	14	3
913-410	Leningradskij Sanitarno-Gigieniceskij	1		2		3	
913-420	Dagestanskij Med. Inst.	1	1			1	1
913-430	Molotov Med. Inst.	1		1		2	
913-435	Med. Fak. Univ. P. Lumumba	10	3	12	2	22	5
913-440	First Moskovskij Med. Inst.	21	8	19	2	40	10
913-450	Moscow Med. Inst. Min. of Health R.S.F.S.R.			2		2	
913-460	Second Med. Inst. N. I. Pirogov	7		12	2	19	2
913-463	Moskovskij Med. Stom. Instit.			1		1	
913-470	Novosibirskij Med. Inst.	1		1	1	2	1
913-480	Omskij Med. Inst.	1				1	
913-530	Rostovskij Med. Inst.	1				1	
913-550	Smolenskij Med. Inst.	1	1			1	1
913-580	Sverdlovskij Med. Inst.	2	1			2	1
913-620	Volgogradskij Med. Inst.	3		5		8	
913-630	Voronezskij Med. Inst.			1		1	
913-640	Tadzikskij Med. Inst.			1		1	
913-660	Cernovickij Med. Inst.	3	1	3		6	1
913-670	Dnepropetrovskij Med. Inst.			1		1	
913-690	Har'kovskij Med. Inst.	5		3		8	
913-710	Kievskij Med. Inst.	6	2	9	1	15	3
913-730	Lvovskij Med. Inst.	8	2	6	1	14	3
913-740	Odesskij Med. Inst.	16	4	11	2	27	6
913-745	Poltavskij Med. Stom. Instit.	1	1			1	1
913-780	Ternopol'skij Med. Inst.			1		1	
913-800	Vinnickij Med. Inst.	1		1	1	2	1
913-810	Andizanskij Med. Inst.			1		1	
913-820	Samarkandskij Med. Inst.			1		1	
913-830	Taskentskij Med. Inst.	2	1	1		3	1
	U.S.S.R., total	**159**	**46**	**158**	**25**	**316**	**71**
	U.S. Citizen, total			**1**		**1**	
915-010	Alexandria Univ.	63	27	61	18	124	45
915-020	Asyut Univ.	7	2	5	2	12	4
915-025	Al-Azhar Univ.	12	3	7	2	19	5
915-030	Ain Shams Univ.	63	22	71	13	134	35
915-040	Cairo Univ.	143	66	145	41	288	107
915-040	U.S. Citizen	3	2	1		4	2
915-050	Mansourah Fac. of Med.	4	1	7		11	1
915-060	Tanta Fac. of Med.	8	3	9	3	17	6
	Egyptian Arab Rep., total	**300**	**124**	**305**	**79**	**605**	**203**
	U.S. Citizen, total	**3**	**2**	**1**		**4**	**2**
917-010	Univ. of Birmingham	13	11	55	54	68	65
917-020	Bristol University	10	10	42	40	52	50
917-030	Cambridge Univ.	6	6	10	10	16	16
917-040	Welsh National Sch. of Med.	11	10	16	14	27	24
917-050	Univ. of Leeds	11	11	12	11	23	22
917-060	Univ. of Liverpool	34	30	42	42	76	72
917-070	Charing Cross Hosp. Med. Sch.	10	10	11	9	21	19
917-080	Guy's Hospital Med. Sch.	47	45	41	39	88	84
917-090	King's College Hosp. Med. Sch.	21	20	34	33	55	53
917-090	U.S.Citizen	1	1			1	1
917-100	London Hosp. Med. Coll.	28	27	57	55	85	82
917-110	Middlesex Hosp. Med. Sch.	17	16	21	18	38	34
917-120	Royal Free Hosp. Sch. of Med.	19	14	27	23	46	37
917-120	U.S. Citizen			1	1	1	1
917-130	St. Bartholomew's Hosp. Med. Coll.	26	23	54	52	80	75
917-130	U.S. Citizen			1	1	1	1
917-140	St. George's Hosp. Med. Sch.	10	9	22	20	32	29
917-150	St. Mary's Hosp. Med. Sch.	15	15	14	13	29	28
917-160	St. Thomas's Hosp. Med. Sch.	16	15	12	10	28	25
917-170	University College Hosp. Med. Sch.	40	39	21	20	61	59
917-170	U.S. Citizen			1	1	1	1
917-180	Westminster Med. Sch.	22	22	19	19	41	41
917-190	Univ. of Manchester	24	24	59	56	83	80
917-190	U.S. Citizen			1	1	1	1
917-200	Univ. of New-Castle-Upon-Tyne	14	14	44	41	58	55
917-205	Univ. of Nottingham	1	1	1	1	2	2
917-210	Univ. of Oxford	13	13	15	15	28	28
917-220	Sheffield Univ.	23	23	21	21	44	44
	UK—England & Wales, total	**431**	**408**	**650**	**616**	**1,081**	**1,024**
	U.S. Citizen, total	**1**	**1**	**4**	**4**	**5**	**5**
918-010	Queen's Univ. of Belfast	58	55	33	29	91	84
918-010	U.S. Citizen	1	1			1	1
	UK—Nor. Ireland, total	**58**	**55**	**33**	**29**	**91**	**84**
	U.S. Citizen, total	**1**	**1**			**1**	**1**

Code No.	Country and School	January 1976 Number Taking	January 1976 Number Passed	July 1976 Number Taking	July 1976 Number Passed	Total 1976 Number Taking	Total 1976 Number Passed
919-010	Univ. of Aberdeen	22	21	33	32	55	53
919-020	Univ. of Dundee	16	15	35	29	51	44
919-020	U.S. Citizen			1		1	
919-030	Univ. of Edinburgh	74	71	12	12	86	83
919-030	U.S. Citizen			1	1	1	1
919-040	Univ. of Glasgow	91	91	34	32	125	123
919-050	Univ. of St. Andrews	2	2	3	3	5	5
919-055	Univ. of Southampton			9	9	9	9
	UK—Scotland, total	**205**	**200**	**126**	**117**	**331**	**317**
	U.S. Citizen, total			**2**	**1**	**2**	**1**
924-010	Univ. de la Republica	9	7	12	10	21	17
	Uruguay, total	**9**	**7**	**12**	**10**	**21**	**17**
935-005	Univ. Cent.-Occ., Barquisimento	2				2	
935-010	Univ. de Oriente			3	1	3	1
935-020	Esc. de Med. Jose Maria Vargas, Univ. Central	1	1	8	3	9	4
935-030	Univ. Central de Venezuela	27	16	37	19	64	35
935-030	U.S. Citizen			1	1	1	1
935-040	Univ. del Zulia	11	5	7	1	18	6
935-050	Univ. de Los Andes	9	2	5	2	14	4
935-060	Univ. de Carabobo	5	5	16	10	21	15
	Venezuela, total	**55**	**29**	**76**	**36**	**131**	**65**
	U.S. Citizen, total			**1**	**1**	**1**	**1**
941-010	Univ. de Hue	25	8	31	15	56	23
941-020	Univ. de Saigon	418	167	334	197	752	364
	Rep. of Viet-Nam, total	**443**	**175**	**385**	**212**	**808**	**387**
957-010	Univ. of Belgrade	38	10	35	5	73	15
957-020	Univ. of Ljubljani			4	1	4	1
957-040	Univ. Novi Sad	6	1	6	1	12	2
957-050	Med. Fac., Rijeka	2		4	2	6	2
957-060	Univ. of Sarajavu	4		1		5	
957-070	Univ. of Skopje	2	1	2		4	1
957-080	Univ. of Zagreb	26	3	23	8	49	11
957-080	U.S. Citizen	1		1	1	2	1
	Yugoslavia, total	**78**	**15**	**75**	**17**	**153**	**32**
	U.S. Citizen, total	**1**		**1**	**1**	**2**	**1**
965-010	Univ. of Zambia	14	10	5	4	19	14
965-010	U.S. Citizen	1		1	1	2	1
	Zambia, total	**14**	**10**	**5**	**4**	**19**	**14**
	U.S. Citizen, total	**1**		**1**	**1**	**2**	**1**
	Final, total	**15,475**	**7,516**	**13,963**	**6,202**	**29,438**	**13,718**
	U.S. Citizen, total	**1,066**	**474**	**1,093**	**397**	**2,159**	**871**

Sponsoring Organizations

The educational Commission for Foreign Medical Graduates is a separate non-profit organization sponsored by:
The American Board of Medical Specialties
The American Hospital Association
The American Medical Association
The Association of American Medical Colleges
The Association for Hospital Medical Education
The Federation of State Medical Boards of the United States
The National Medical Association.

Aims and Missions

In recognition and fulfillment of their public responsibilities for health care and education, the sponsoring organizations established the Educational Commission for Foreign Medical Graduates (ECFMG) to concern itself with foreign medical graduates.

To meet its responsibilities, ECFMG identifies the following as its aims and missions:

(1) To provide information to foreign medical graduates regarding entry into graduate medical education and health care systems in the United States;
(2) To evaluate their qualifications for such entry;
(3) To identify foreign medical graduates' cultural and professional needs;
(4) To assist in the establishment of educational policies and programs to meet the above-identified cultural and professional needs of foreign medical graduates;
(5) To gather, maintain, and disseminate data concerning foreign medical graduates; and
(6) To assist, through cooperation and recommendation, other agencies concerned with foreign medical graduates.

For additional copies write ECFMG
3624 Market St., Philadelphia, Pa. 19104, U.S.A.
Telephone: Area Code 215: 386-5900
Cable: EDCOUNCIL, Philadelphia, Pennsylvania, U.S.A.

Mr. Eilberg. One more question, Dr. Casterline. Could we compare the ECFMG examination with national boards and FLEX in terms of (1) assessing the competency of FMG's and (2) previous passage rates of FLEX by FMG's?

Dr. Casterline. It is really like comparing fish and fowl because they are really made up for different purposes, although they consist of the same items. The items in our examination, as I pointed out, are derived from the national board pool part I and part II. Our examination is a 1-day examination. The FLEX examination is a 3-day examination which consists of part I and part II items plus a third day of clinical competence which is something like the comprehensive qualifying examination may turn out to be.

The national board is really a 5-day examination with 2 days of part I, 2 days of part II and 1 day of day 3. So it is very difficult to compare them. But on an item-by-item basis, our examination, ECFMG examination, is identically difficult for the individuals. Our passage rates have run in the neighborhood of 40 percent over the years.

Passage rate of FMG's on FLEX has run around 50 to 60 percent. FMG's do not take the national board examinations, but our net pass rate, as I pointed out in the material I prepared, is in the neighborhood of about 25 percent and that our English test which now is superb and rated at the same level of difficulty as the test of English, as a foreign language, it is required by most graduate institutions in this country and now our level is about 25 percent pass rate.

Mr. Eilberg. Can you provide us with a description of these examinations?

Dr. Casterline. Yes; I can provide a description of both. They are described to a degree in my report, but I will present a more detailed description if you like.

Mr. Eilberg. Thank you.

And finally, should there be a single examination of both United States and foreign medical graduates entering graduate medical education programs?

Dr. Casterline. I believe there should be. And I believe it is on its way.

Mr. Eilberg. Any idea when that will be?

Dr. Casterline. This is a comprehensive qualifying examination of which I spoke earlier that I think is 3 to 5 years in the distance.

Mr. Eilberg. And, Dr. Casterline, we have a lot of other questions we would like to ask you, but we have run out of time. And we will submit them to you and ask if you will be kind enough to answer them by mail.

Dr. Casterline. I will be pleased to answer them. [See appendix for additional questions.]

Thank you for the invitation to attend the meeting.

Mr. Eilberg. Thank you, Dr. Casterline.

The subcommittee meeting is adjourned.

[Whereupon, at 12:25, the meeting was adjourned.]

APPENDIXES

APPENDIX 1

"HEALTH PROFESSIONS EDUCATIONAL ASSISTANCE ACT OF 1976" (PUBLIC LAW 94-484) WITH AMENDMENTS ENACTED AUGUST 1, 1977 (PUBLIC LAW 95-83) RELATING TO FOREIGN MEDICAL GRADUATES, AND PERTINENT IMPLEMENTING REGULATIONS

PUBLIC LAW 94-484 (OCT. 12, 1976)

"HEALTH PROFESSIONS EDUCATIONAL ASSISTANCE ACT OF 1976"

* * * * * * *

TITLE VI—FOREIGN MEDICAL GRADUATES

LIMITATION ON IMMIGRATION OF FOREIGN MEDICAL GRADUATES

SEC. 601. (a) Section 212(a) of the Immigration and Nationality Act (8 U.S.C. 1182(a)) is amended by (1) striking out the period at the end thereof and inserting a semicolon in lieu thereof, and (2) by adding at the end thereof the following new paragraph:

"(32) Aliens who are graduates of a medical school and are coming to the United States principally to perform services as members of the medical profession, except such aliens who have passed parts I and II of the National Board of Medical Examiners Examination (or an equivalent examination as determined by the Secretary of Health, Education, and Welfare) and who are competent in oral and written English. The exclusion of aliens under this paragraph shall apply to special immigrants defined in section 101(a)(27)(A) (other than the parents, spouses, or children of United States citizens or of aliens lawfully admitted for permanent residence), to nonpreference immigrant aliens described in section 203(a)(8), and to preference immigrant aliens described in section 203(a) (3) and (6).".

(b) Section 101(a)(15) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15) is amended as follows:

(1) Subparagraph (H)(i) is amended by inserting before the semicolon ", and who, in the case of a graduate of a medical school coming to the United States to perform services as a member of the medical profession, is coming pursuant to an invitation from a public or nonprofit private educational or research institution or agency in the United States to teach or conduct research, or both, at or for such institution or agency".

(2) Subparagraph (H)(ii) is amended by inserting before the semicolon ", but this clause shall not apply to graduates of medical schools coming to the United States to perform services as members of the medical profession".

(3) Subparagraph (H)(iii) is amended by inserting before the semicolon ", other than to receive graduate medical education or training".

(4) Subparagraph (J) is amended by inserting "and who, if he is coming to the Unitel States to participate in a program under which he will receive graduate medical education or training, also meets the requirements of section 212(j)" before ", and the alien spouse".

(c) Section 212(e) of such Act (8 U.S.C. 1182(e)) is amended—

(1) by striking out "whose (i)" and inserting in lieu thereof "(i) whose";

(2) by striking out "or" immediately before "(ii)";

(3) by inserting immediately before "shall be eligible" in the first sentence the following: "or (iii) who came to the United States or acquired such status in order to receive graduate medical education or training,"; and

(4) by inserting ", except in the case of an alien described in clause (iii)," immediately after "*Provided further*, That".

(d) Section 212 of such Act (8 U.S.C. 1182) is amended by inserting at the end thereof the following new subsection:

"(j)(1) The additional requirements referred to in section 101(a)(15)(J) for an alien who is coming to the United States under a program under which he will receive graduate medical education or training are:

"(A) A school of medicine or of one of the other health professions, which is accredited by a body or bodies approved for the purpose by the Commissioner of Education, has agreed in writing to provide the graduate medical education or training under the program for which the alien is coming to the United States or to assume responsibility for arranging for the provision thereof by an appropriate public or nonprofit private institution or agency, except that, in the case of such an agreement by a school of medicine, any one or more of its affiliated hospitals which are to participate in the provision of the graduate medical education or training must join in the agreement;

"(B) Before making such agreement, the accredited school has been satisfied that the alien has passed parts I and II of the National Board of Medical Examiners Examination (or an equivalent examination as determined by the Secretary of Health, Education, and Welfare), has competency in oral and written English, will be able to adapt to the educational and cultural environment in which he will be receiving his education or training, and has adequate prior education and training to participate satisfactorily in the program for which he is coming to the United States;

"(C) The alien has made a commitment to return to the country of his nationality or last residence upon completion of the education or training for which he is coming to the United States (including any extension of the duration thereof under subparagraph (D)), and the government of the country of his nationality or last residence has provided a written assurance, satisfactory to the Secretary of Health, Education, and Welfare, that upon such completion and return, he will be appointed to a position in which he will fully utilize the skills acquired in such education or training in the government of that country or in an educational or other appropriate institution or agency in that country; and

"(D) The duration of the alien's participation in the program for which he is coming to the United States is limited to not more than 2 years, except that such duration may be extended for one year at the request of the government of his nationality or last residence, if (i) such government provides a written assurance, satisfactory to the Secretary of Health, Education, and Welfare, that the alien will, at the end of such extension, be appointed to a position in which he will fully utilize the skills acquired in such education or training in the government of that country or in an educational or other appropriate institution or agency in that country, (ii) the accredited school providing or arranging for the provision of his education or training agrees in writing to such extension, and (iii) such extension is for the purpose of continuing the alien's education or training under the program for which he came to the United States.

"(2)(A) Except as provided in subparagraph (B), the requirements of subparagraphs (A) through (D) of paragraph (1) shall not apply between the effective date of this subsection and December 31, 1980, to any alien who seeks to come to the United States to participate in an accredited program of graduate medical education or training if there would be a substantial disruption in the health services provided in such program because such alien was not permitted, because of his failure to meet such requirements, to enter the United States to participate in such program.

"(B) In the administration of this subsection, the Attorney General shall take such action as may be necessary to ensure that the total number of aliens participating (at any time) in programs described in subparagraph (A) does not, because of the exemption provided by such paragraph, exceed the total number of aliens participating in such programs on the effective date of this subsection.".

(e) Section 101(a) of the Immigration and Nationality Act (8 U.S.C. 1101(a)) is amended by adding the following at the end thereof:

"(41) The term 'graduates of medical school' means aliens who have graduated from a medical school or who have qualified to practice medicine in a foreign state.".

(f) The amendments made by this section shall take effect ninety days after the date of enactment of this section.

* * * * * * *

LABOR CERTIFICATION

SEC. 906. (a) The Secretary of Health, Education, and Welfare shall (not later than one year after the date of enactment of this Act) develop sufficient data to enable the Secretary of Labor to make equitable determinations with regard to applications for labor certification by graduates of foreign medical schools.

(b) The data required under subsection (a) shall include the number of physicians (by specialty and by percent of population) in a geographic area necessary to provide adequate medical care, including such care in hospitals, nursing homes, and other health care institutions, in such area.

(c) The Secretary of Health, Education, and Welfare shall develop such data after consultation with such medical or other associations as may be necessary.

* * * * * * *

PUBLIC LAW 95-83 (AUG. 1, 1977)

AMENDMENTS TO "HEALTH PROFESSIONS EDUCATIONAL ASSISTANCE ACT OF 1976" (PUBLIC LAW 94-484) RELATING TO FOREIGN MEDICAL GRADUATES

* * * * * * *

Section 307

(q)(1) Section 212(a)(32) of the Immigration and Nationality Act (8 U.S.C. 1182(a)) is amended (A) by inserting after "graduates of a medical school" in the first sentence thereof "not accredited by a body or bodies approved for the purpose by the Commissioner of Education (regardless of whether such school of medicine is in the United States", and (B) by amending the second sentence to read as follows: "The exclusion of aliens under this paragraph shall apply to preference immigrant aliens described in section 203(a) (3) and (6) and to nonpreference immigrant aliens described in section 203(a)(8).".

(2)(A) Section 212(j)(1)(B) of such Act is amended by inserting after "that the alien" the following: "(i) is a graduate of a school of medicine which is accredited by a body or bodies approved for the purpose by the Commissioner of Education (regardless of whether such school of medicine is in the United States); or (ii)".

(B) Section 212(j)(1)(C) of such Act is amended by striking out "that upon such completion and return" and all that follows through "in that country" and inserting in lieu thereof "that there is a need in that country for persons with the skills the alien will acquire in such education or training".

(C) Section 212(j)(1)(D) of such Act is amended (i) by striking out "at the request" and inserting in lieu thereof "at the written request", and (ii) by striking out clause (i) and redesignating clauses (ii) and (iii) as clauses (i) and (ii), respectively.

(D) Section 212(j)(2)(A) of such Act is amended by striking out "(A) through (D)" and inserting in lieu thereof "(A) and (B)".

(3) Title VI of the Health Professions Educational Assistance Act of 1976 is amended by adding at the end thereof the following new section:

"TECHNICAL AND CONFORMING AMENDMENTS

"SEC. 602. (a) For purposes of section 212(a)(32) and section 212(j)(1) of the Immigration and Nationality Act (8 U.S.C. 1182), an alien who is a graduate of a medical school shall be considered to have passed parts I and II of the National Board of Medical Examiners Examination if the alien—

"(1) was on January 9, 1977, a doctor of medicine fully and permanently licensed to practice medicine in a State, "(2) held on that date a valid specialty certificate issued by a constituent board of the American Board of Medical Specialties, and

"(3) was on that date practicing medicine in a State.

"(b) For purposes of this section, the term 'State' means a State as defined in section 101(a)(36) of the Immigration and Nationality Act (8 U.S.C. 1101).

"(c) Section 101(a)(41) of the Immigration and Nationality Act is amended (1) by inserting 'a' after 'graduates of' and (2) by inserting ', other than such aliens who are of national or international renown in the field of medicine' after 'in a foreign state'.

"(d) This section and the amendment made by subsection (c) are effective January 10, 1977, and the amendments made by subsections (b)(4) and (d) of section 601 shall apply on and after January 10, 1978, notwithstanding subsection (f) of such section.".

* * * * * * *

[From the Federal Register, Mar. 31, 1978]

TITLE 22—FOREIGN RELATIONS

CHAPTER I—DEPARTMENT OF STATE

SUBCHAPTER G—INTERNATIONAL EDUCATIONAL AND CULTURAL EXCHANGE

[Dept. Reg. 108.752]

PART 63—EXCHANGE-VISITOR PROGRAM

EXCHANGE-VISITOR PROGRAMS FOR ALIEN PHYSICIANS

Agency: Department of State.

Action: Final rule.

Summary: This document amends the Department's regulations relating to Exchange-Visitor Programs which are affected by provisions of Title VI of the Health Professions Educational Assistance Act of 1976 (Pub. L. 94–484), as amended by Pub. L. 95–83. The amendments set forth determinations which the Secretary of Health, Education, and Welfare is required to make pursuant to Pub. L. 94–484, as amended. These determinations were not available at the time the Department revised its Exchange-Visitor Program regulations.

The amendments set forth specific criteria which apply to alien physicians who come to the United States under the Exchange-Visitor Program either (1) to receive graduate medical education or training, or (2) to participate in programs involving observation, consultation, teaching or research.

Effective date: January 10, 1978.

For further information contact: Paul A. Cook, 703–235–9436.

Supplemental information: These regulations include specific sponsor obligations which apply to alien physicians admitted to the United States under the Exchange-Visitor Program. The regulation changes include two major categories for alien physicians, namely: (1) those regulations which are needed to implement the new legislation which imposes specific requirements regarding programs for alien physicians who come to the United States to receive graduate medical education or training, and (2) changes which are essential to control those programs involving observation, consultation, teaching, and research in which alien physicians can participate without regard to the requirements imposed by the new legislation because the aliens will not be coming to the United States to participate in programs in which they will receive graduate medical education or training.

It should be noted that the specific requirements of law which apply to alien physicians who come to the United States to receive graduate medical education or training do not apply to alien physicians who come to this country as exchange-visitors to observe, consult, teach, or conduct research.

Since these amendments are for the purpose of implementing certain provisions of Title VI of Pub. L. 94–484, as amended, which became effective on Jan-

uary 10, 1978, the Department finds that the notice of proposed rulemaking procedure and the delayed effective date under 5 U.S.C. 553 are impractical and unnecessary. However, consistent with the purpose and spirit of 5 U.S.C. 553, the Department will review and consider any written recommendations or comments submitted to the Department concerning these regulations with the view to making such further amendments as it deems warranted.

As criteria are developed for other categories under § 63.13, Sponsor obligations—Specific under the Exchange-Visitor Program, additional amendments will be issued.

Accordingly, Part 63 of Title 22, Code of Federal Regulations, is amended as set forth below.

1. The table of contents for Subpart B is amended by redesignating the present §§ 63.13–63.16 as §§ 63.14–63.17 and changing the title of § 63.12 to read "Sponsor obligations—General."

2. In § 63.1 immediately following the definition "Financed indirectly" the following definition is added:

§ 63.1 Definitions.

* * * * * * *

"Graduate medical education or training" means participation in a program in which the alien physician will receive graduate medical education or training, which generally consists of a residency or fellowship program involving health care services to patients, but does not include participation in a program involving observation, consultation, teaching or research in which there is no element or only incidental elements of patient care.

* * * * * * *

3. In § 63.12, paragraphs (c) and (f) are revised to read as follows:

§ 63.12 Sponsor obligations—General.

* * * * * * *

(c) Instruct any participant requiring an extension of temporary stay to apply to the Immigration and Naturalization Service between 15 and 60 days before the expiration of the participant's stay and provide the participant requiring the extension with a fully completed Form DSP–66 showing the period and terms of the extension desired;

* * * * * * *

(f) Comply with specific criteria required by the Department for certain types of programs (see § 63.13);

* * * * * * *

§§ 63.13–63.16 Redesignated as 63.14–17.

4. By redesignating §§ 63.13–63.16 as §§ 63.14–63.17, as stated in Item 1, a new § 63.13 is added to read as follows:

§ 63.13 Sponsor obligations—Specific.

(a) *Alien physicians.* The following criteria shall apply to alien physicians admitted to the United States in Exchange-Visitor (J–1) status for the purpose of observation, consultation, teaching, and research or participation in programs under which alien physicians will receive graduate medical education or training. These criteria must be strictly adhered to by Exchange-Visitor Program sponsors involved with sponsorship of alien physicians. Failure to comply with these criteria can result in the immediate revolcation of the Exchange-Visitor Program designation, pursuant to section 63.17 of the regulations.

(1) *Effective date.* Unless otherwise noted, these criteria apply on and after January 10, 1978 to requests for sponsorship of Exchange-Visitor alien physicians for two types of programs, namely: (i) programs under which they will receive graduate medical education or training; and (ii) medical programs under which they will observe, consult, teach or conduct research.

(2) *Exchange-Visitor sponsorship for programs in which the alien receives graduate medical education or training.* (i) Any alien physician who is coming

to the United States as an Exchange-Visitor to participate in a program under which the physician will receive graduate medical education or training must be documented by the Educational Commission for Foreign Medical Graduates with a Certificate of Eligibility for Exchange-Vistor Status (Form DSP-66).

(ii) The Department of State entered into an agreement with the Educational Commission for Foreign Medical Graduates in 1971 whereby the latter was designated the authority to administer the issuance of the Form DSP-66 in all cases involving the admission, certification, transfer or extension of stay for foreign physicians in Exchange-Visitor status who are receiving graduate medical education or training as defined above.

(iii) The Educational Commission for Foreign Medical Graduates is located at 3624 Market Street, Philadelphia, Pa. 19104, U.S.A. The telephone number is area code 215-386-5900. The cable address is EDCOUNCIL, Philadelphia, Pa., U.S.A.

(3) *Eligibility requirements to participate in programs under which alien physicians will receive graduate medical education or training.* An Exchange-Visitor physician is eligible to pursue a program under which he/she will receive graduate medical education or training only if the following requirements are met:

(i) The school of medicine or one of the other health professions, which is offering the education or training, must be accredited by a body or bodies approved for the purpose by the Commissioner of Education. Such school must agree in writing to provide the graduate medical education or training under the program for which the alien is coming to the United States or to assume responsibility for arranging for the provision thereof by an appropriate public or nonprofit private institution or agency. If such an agreement by a school of medicine involves one or more of its affiliated hospitals, the hospital must join in the agreement.

(ii) A list of medical schools accredited by a body approved by the Commissioner of Education for the purpose of providing medical education can be obtained from either the Health Resources Administration, Department of Health, Education, and Welfare, 3700 East West Highway, Hyattsville, Md. 20782 or the Educational Commission for Foreign Medical Graduates (see address above).

(iii) The agreement in writing must be dated and signed by both the alien physician who is applying to receive graduate medical education or training and a responsible official of the school of medicine or of one of the other health professions which is offering the education or training. Standard contracts currently used by schools of medicine and affiliated hospitals, if signed by both parties to the agreement and dated, will suffice to meet the "agreement in writing" requirement. Such agreements, when signed and dated, should be sent to the Educational Commission for Foreign Medical Graduates (see address above).

(iv) Before making such agreement, the accredited school of medicine must be satisfied that all alien applicants (A) have passed Parts I and II of the National Board of Medical Examiners Examination (or an examination which has been determined by the Secretary of Health, Education, and Welfare to be equivalent to Parts I and II of the National Board of Medical Examiners Examination), unless exempted by law, (B) have competency in oral and written English, (C) will be able to adapt to the educational and cultural environment in which they will be receiving their education or training, and (D) have adequate prior education and training to participate satisfactorily in the program for which they are coming to the United States. It should be noted that alien physicians who seek sponsorship of the Educational Commission for Foreign Medical Graduates will be required to submit evidence to the Commission that they are competent in oral and written English.

(v) The Secretary of Health, Education, and Welfare has determined, pursuant to authorization granted by Pub. L. 94-484, that the Visa Qualifying Examination (VQE) is an examination equivalent to the Part I and Part II examinations of the National Board of Medical Examiners (42 FR 45037, September 8, 1977). The Visa Qualifying Examination is prepared by the National Board of Medical Examiners and is administered by the Educational Commission for Foreign Medical Graduates. The first of these examinations was given on September 7th and 8th, 1977 and the next examination is scheduled to be given on September 6th and 7th, 1978. Details regarding the VQE can be obtained from the Educational Commission for Foreign Medical Graduates (see paragraph (2)(iii) for address).

(vi) A graduate of a school of medicine, provided it has been accredited by the Liaison Committee on Medical Education (a body approved for that purpose by the Commissioner of Education), regardless of whether the school is located in the United States, is exempted by law from the requirements of passing Parts I and II of the National Board of Medical Examiners Examination or the equivalent Visa Qualifying Examination (VQE).

(vii) The law also provides that alien physicians applying for Exchange-Visitor status are considered to have passed the Parts I and II examinations of the National Boards if they were on January 9, 1977, fully and permanently licensed to practice medicine in a State and were on that date practicing medicine in a State and held on that date a valid specialty certificate issued by a constituent board of the American Board of Medical Specialties.

(viii) It is important to note that the Federation Licensing Examination (FLEX) and the Educational Commission for Foreign Medical Graduates examination are not currently considered by the the Secretary of Health, Education, and Welfare to be the equivalent of Parts I and II examinations of the National Board of Medical Examiners for alien physicians wishing to come to the United States to receive graduate medical education or training. The Visa Qualifying Examination (VQE) is the only examination deemed equivalent by the Secretary of Health, Education, and Welfare for the purpose of Pub. L. 94–484.

(4) *Limitation of stay and written assurances.* Alien physicians must make a commitment to return to the country of their nationality or last residence upon completion of the education or training for which they are coming to the United States (including any extension of the duration thereof under paragraph (a)(4)(i) of this section). The signature by the alien physician on the reverse side of the original copy of the Form DSP–66 constitutes a commitment to return in accordance with Pub. L. 94–184. This law states that all alien physicians coming to the United Sttaes on or after January 10, 1977 to receive graduate medical education or training are subject to the two-year home physical presence requirement of section 212(e) of the Immigration and Nationality Act, as amended, and that such physicians are not eligible for waivers based on a "No Objection" statement submitted by their respective governments to the Secretary of State, pursuant to section 212(e) of the Immigration and Nationality Act.

(i) The government of the country of the alien physician's nationality or last residence must provide written assurance, satisfactory to the Secretary of Health, Education, and Welfare, that there is a need in that country for persons with the skills the alien physician will acquire in such education or training. The following format, approved by the Secretary of Health, Education, and Welfare, must be submitted to the Educational Commission for Foreign Medical Graduates by foreign governments when providing the assurances required by Pub. L. 94–484 for alien physicians coming to the United States to receive graduate medical education or training. The statement by the foreign government must bear the seal of the government concerned and be signed by a duly designated official of that government.

Name of Applicant for Visa :————

There currently exists in (country) a need for qualified medical practitioners in the specialty of ————. (Name of applicant for Visa) has filed a written assurance with the government of this country that he/she will return to this country upon completion of training in the United States and intends to enter the practice of medicine in the specialty for which training is being sought.

Stamp (or Seal and signature) of issuing official of named country.

Dated :————

Official of named Country:————

(ii) The duration of the alien's participation in the program for which he or she is coming to the United States is limited to not more than two years, except that such duration may be extended for one year at the written request of the government of the individual's nationality or last foreign residence. Such an extension can be granted only if the accredited school providing or arranging for the provision of the education or training program agrees in writing to such an extension, and the extension is for the purpose of continuing the alien's education or training under the specific program for which he or she came to the United States. Written requests for extensions should follow the type of format described in paragraph (a)(4)(i) of this section.

(5) *"Substantial Disruption" provision of Pub. L. 94–484.* The requirements of paragraphs (a)(3)(i) and (3)(iv)(A) of this section shall not apply between January 10, 1978 and December 31, 1980, to any alien physician who seeks to

come to the United States to participate in an accredited program under which the alien will receive graduate medical education or training, if there would be a substantial disruption in the health services provided in such program because the alien was not permitted, because of his or her failure to meet these two requirements of Pub. L. 94–484, as amended, to enter the United States to participate in such program.

(i) In the administration of the "substantial disruption" provision the Attorney General will take such action as may be necessary to ensure that the total number of exchange visitors participating (at any time) in programs described immediately above does not, because of the "substantial disruption" exemption, exceed the total number of such aliens participating in such programs on January 10, 1978. Any alien physician admitted under the "substantial disruption" provision must have Educational Commission for Foreign Medical Graduates certification and be documented by the Educational Commission for Foreign Medical Graduates from a Form DSP–66 (Certificate of Eligibility for Exchange-Visitor status). The Educational Commission for Foreign Medical Graduates will assure that the total number of alien physicians admitted under the "substantial disruption" provision does not exceed the total number of alien physicians participating in such training programs on January 10, 1978.

(ii) The Educational Commission for Foreign Medical Graduates currently administers the issuance of certificates of eligibility for exchange visitor visas for alien physicians coming to the United States to receive graduate medical education or training. The Educational Commission for Foreign Medical Graduates has the most complete data on alien physicians. Therefore, the Commission will process waiver requests under the "substantial disruption" provision of Pub. L. 94–484 within criteria to be provided by the Department of State on advice from the Department of Health, Education, and Welfare. These criteria and limits by which medical institutions and hospitals can predictably obtain waivers on a case-by-case basis will be for the period January 10, 1978, through December 31, 1980. Medical institutions and hospitals should submit the necessary data to the Educational Commission for Foreign Medical Graduates to demonstrate that the criteria have been met and the limits maintained. The issuance of eligibility certificates (DSP–66s) by the Educational Commission for Foreign Medical Graduates constitutes the granting of a waiver under the "substantial disruption" provision of law.

Institutions which do not receive favorable consideration on applications for "substantial disruption" waivers may appeal the decision. Appeals should be sent to the Executive Director of the Educational Commission for Foreign Medical Graduates for transmittal to an Appeals Board which is chaired by the Administrator, Health Resources Administration, Department of Health, Education, and Welfare.

(6) *Eligibility to participate in public health and preventive medicine programs.* A United States university, academic medical center, school of public health, or other public health institution which has been designated as an Exchange-Visitor Program by the Secretary of State is authorized to issue Form DSP–66 to alien physicians to enable them to come to the United States for the purposes of entering into those programs which do not include any clinical activities involving direct patient care. Under these circumstances, the special eligibility requirements listed in paragraphs (a)(3)(i), (iii) and (3)(iv)(A) of this section need not be met. However, the Responsible Officer or alternate Responsible Officer of the Exchange-Visitor Program involved must append a certification to the Form DSP–66 which states:

"This certifies that the program in which (name of physician) is to be engaged does not include any clinical activities involving direct patient care."

(7) *Eligibility requirements to participate in programs involving observation, consultation, teaching, and research.* A United States university or academic medical center which has been designated an Exchange-Visitor Program by the Secretary of State is authorized to issue Form DSP–66 to alien physicians to enable them to come to the United States for the purposes of observation, consultation, teaching or research under the following two situations, neither of which requires that the special eligibility requirements listed in paragraphs (a)(3)(i), (iii) and (3)(iv)(A) of this section be met.

(i) If the alien physician is coming to the United States solely for the purpose of observation, consultation, teaching, or research, the Responsible Officer or duly designated alternate of the Exchange-Visitor Program involved must sign and append to the Form DSP–66 a certification which states "this certifies that the program in which (name of physician) is to be engaged is solely for the purpose of observation, consultation, teaching or research and that no element of patient care services is involved."

(ii) If the alien physician is coming to the United States to pursue a program involved with observation, consultation, teaching or research but which also involves incidental patient contact, the dean of the involved accredited United States medical school or his designee must certify to the following five points and the certification must be appended to the Form DSP–66 issued to the prospective Exchange-Visitor aliens physician:

(A) The program in which (name of physician) will participate is predominantly involved with observation, consultation, teaching or research.

(B) Any incidental patient contact involving the alien psysician will be under the direct supervision of a physician who is a U.S. citizen or resident alien and who is licensed to practice medicine in the State of ———.

(C) The alien physician will not be given final responsibility for the diagnosis and treatment of patients.

(D) Any activities of the alien physician will conform fully with the State licensing requirements and regulations for medical and health care professions in the State in which the alien physician is pursuing the program.

(E) Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

(iii) The Educational Commission for Foreign Medical Graduates is also authorized to issue Form DSP–66 to alien physicians who are coming to the United States to participate in a program of observation, consultation, teaching, or research provided the required letter of certification as outlined in paragraphs (a)(7) (i) or (ii) of this section is appended to the Form DSP–66. Hospitals, medical, and research centers which do not currently have Exchange-Vistitor Programs designated by the Department of State may request the Educational Commission for Foreign Medical Graduates to document alien physicians with Form DSP–66 if such physicians are coming to this country primarily for observation, consultation, teaching, or research programs. Institutions should consult with the Educational Commission for Foreign Medical Graduates for information regarding the requirements to be met for Form DSP–66 documentation by the Educational Commission for Foreign Medical Graduates.

(8) *Applicability of section 212(e) of the Immigration and Nationality Act.* (i) Any exchange visitor physician coming to the United States on or after January 10, 1977 for the purpose of receiving graduate medical education or training is automatically subject to the two-year foreign residency requirement of section 212(e) of the Immigration and Nationality Act. Such physicians are not eligible to be considered for 212(e) waivers on the basis of "No Objection" statements issued by their governments.

(ii) Alien physicians coming to the United States for the purpose of observation, consultation, teaching, or research are not automatically subject to the two-year foreign residence requirement of section 212(e) of the Immigration and Nationality Act but would be subject to the requirement only if they were governmentally financed or subject to the foreign residency requirement because of the Exchange-Visitor Skills List (Public Notice, 37 FR 8099, April 25, 1972 and 43 FR 5910, February 10, 1978). Such alien physicians are eligible for consideration of waivers under section 212(e) of the Immigration and Nationality Act on the basis of "No Objection" statements submitted by their governments in their behalf through diplomatic channels to the Secretary of State.

(9) *Alien physicians in training programs prior to January 10, 1978.* (i) Alien physicians in the United States in medical residency training programs which began prior to January 10, 1977, who qualify for the five-year general limitation of stay, will, in general, be sponsored for completion of their training objective, provided they have not obtained a waiver under section 212(e) of the Immigration and Nationality Act or become permanent residents of the United States. Specifically:

(ii) Alien physicians who completed in June 1977 the first or second year of an initial residency training program will be sponsored to complete the balance of their training objective, subject to the five-year general limitation of stay.

(iii) Alien physicans who completed initial residency training in June 1977 and who have a contract or clinical fellowship to pursue a subsepecialty in a field directly related to their residency training will be sponsored to do so, provided the subspecialty training can be completed within the five-year time limitation.

(iv) Alien physicians who began their training in 1974, 1975, or 1976 will be sponsored to pursue their subspecialty training after completing their residency training programs only if: (A) they can provide evidence to show that their stated objective in coming to the United States was to pursue such subspecialty training; or (B) they can provide the Educational Commission for Foreign Medical Graduates with a strong written justification from the dean, vice dean or registrar, or chief executive officer of the concerned home country academic institution or from a government official, such as the Minister of Health, that there is a definite need in that country for persons with the skills the alien will acquire.

(v) Alien physicians who were in training programs prior to January 10, 1977, and who are continuing to pursue the same program objective are still eligible to be considered for a waiver on the basis of a "No Objection" statement from their respective governments.

(vi) Alien physicians who began their graduate medical education or training programs between January 10, 1977, and January 9, 1978, will be permitted to complete their initial training program objectives provided they have not become immigrants or obtained waivers of the two-year foreign residence requirement. Initial training program objective is defined as the completion of the basic residency requirement or fellowship program for which the alien physician came to the United States. If, after completing their basic residency or fellowship programs, the alien physicians wish to pursue additional training in a directly-related subspecialty, they will be required to furnish documentation from their home-country governments that there is a definite need in the countries concerned for perhaps with the additional skills which the physician(s) will acquire. The alien physicians must also certify that they will return home on completion of any extension of stay.

5. In § 63.22(b)(1) and (c)(1), change 15 and 30 days to read 15 and 60 days.

6. In section 63.31, paragraph (a)(1) is amended to read as follows:

§ 63.31 Requests for waivers of the home-country physical presence requirement of the Immigration and Nationality Act as amended.

(a) *General provisions.* * * *

(1) No person admitted under section 101(a)(15)(J) of the Immigration and Nationality Act or acquiring such status after admission (i) whose participation in the program was financed in whole or in part, directly or indirectly, by an agency of the Government of the United States or by the government of the country of the participant's nationality or his last residence, or (ii) who at the time of admission or acquisition of status under section 101(a)(15)(J) was a national or resident of a country which the Secretary of State, pursuant to regulations prescribed by the Secretary, had designated as clearly requiring the services of persons engaged in the field of specialized knowledge or skill in which the participant was engaged, or (iii) who came to the United States under section 101(a)(15)(J) or acquired such status after entry in order to receive graduate medical education or training, shall be eligible for an immigrant visa, or for permanent residence, or for a nonimmigrant visa under section 101(a)(15)(H) or section 101(a)(15(L) until it is established that such person has resided and been physically present in the country of such person's nationality or last residence for an aggregate of at least two years following departure from the United States.

* * * * * * *

(Sec. 4, 63 Stat. 111, as amended; secs. 102, 109(a)(b), (d) (75 Stat. 527, 534, 535); secs. 101(a), (15)(J), 104(a), 212(e) (66 Stat. 166, 174, 182, 184); sec. 2, 84 Stat. 116, 117 (22 U.S.C. 2658, 2452); 8 U.S.C. 1101(a)(15)(J), 1104(a), 1182(e), 1258; Title VI, Pub. L. 94-484 (90 Stat. 2300); Pub. L. 95-83 (91 Stat. 394, 395).)

Dated: March 27, 1978

BEN H. READ,
Deputy Under Secretary for Management.

[FR Doc. 78-8601 Filed 3-30-78; 8:45 am]

APPENDIX 2

IMMIGRATION AND NATIONALITY ACT, AS AMENDED, WITH PERTINENT SECTIONS RELATING TO FOREIGN MEDICAL GRADUATES

Section 101(a)(15) (H) and (J)

(H) an alien having a residence in a foreign country which he has no intention of abandoning (i) who is of distinguished merit and ability and who is coming temporarily to the United States to perform services of an exceptional nature requiring such merit and ability, and who, in the case of a graduate of a medical school coming to the United States to perform services as a member of the medical profession, is coming pursuant to an invitation from a public or nonprofit private educational or research institution or agency in the United States to teach or conduct research, or both, at or for such institution or agency; (ii) who is coming temporarily to the United States to perform temporary services or labor, if unemployed persons capable of performing such service or labor cannot be found in this country, but this clause shall not apply to graduates of medical schools coming to the United States to perform services as members of the medical profession; or (iii) who is coming temporarily to the United States as a trainee, other than to receive graduate medical education or training; and the alien spouse and minor children of any such alien specified in this paragraph if accompanying him or following to join him.

P.L. 91-225
Apr. 7, 1970

P.L. 94-484
Oct. 12, 1976

* * * * *

(J) an alien having a residence in a foreign country which he has no intention of abandoning who is a bona fide student, scholar, trainee, teacher, professor, research assistant, specialist, or leader in a field of specialized knowledge or skill, or other person of similar description, who is coming temporarily to the United States as a participant in a program designated by the Secretary of State, for the purpose of teaching, instructing or lecturing, studying, observing, conducting research, consulting, demonstrating special skills, or receiving training and who, if he is coming to the United States to participate in a program under which he will receive graduate medical education or training, also meets the requirements of section 212(j), and the alien spouse and minor children of any such alien if accompanying him or following to join him.

P.L. 94-484
Oct. 12, 1976

Section 101(a)(41)

(41) The term 'graduates of a medical school' means aliens who have graduated from a medical school or who have qualified to practice medicine in a foreign state, other than such aliens who are of national or international renown in the field of medicine.

P.L. 95-83
Aug. 1, 1977

Section 212(a)(32)

(32) Aliens who are graduates of a medical school not accredited by a body or bodies approved for the purpose by the Commissioner of Education (regardless of whether such school of medicine is in the United States) and are coming to the United States principally to perform services as members of the medical profession, except such aliens who have passed parts I and II of the National Board of Medical Examiners Examination (or an equivalent examination as determined by the Secretary of Health, Education, and Welfare) and who are competent in oral and written English. The exclusion under this paragraph shall apply to preference immigrant aliens described in section 203(a) (3) and (6) and to nonpreference immigrant aliens described in section 203(a)(8).

P.L. 94-484
Oct. 12, 1976

P.L. 95-83
Aug. 1, 1977

Section 212 (e) & (j)

(e) No person admitted under section 101(a)(15)(J) or acquiring such status after admission (i) whose participation in the program for which he came to the United States was financed in whole or in part, directly or indirectly, by an agency of the Government of the United States or by the government of the country of his nationaliy or his last residence, (ii) who at the time of admission or acquisition of status under section 101(a)(15)(J) was a national or resident of a country which the Secretary of State, pursuant to regulations prescribed by him, had designated as clearly requiring the services of persons engaged in the field of specialized knowledge or skill in which the alien was engaged, or (iii) who came to the United States or acquired such status in order to receive graduate medical education or training, shall be eligible to apply for an immigrant visa, or for permanent residence, or for a nonimmigrant visa under section 101(a)(15)(H) or section 101(a)(15)(L) until it is established that such person has resided and been physically present in the country of his nationality or his last residence for an aggregate of a least two years following departure from the United States: *Provided*, That upon the favorable recommendation of the Secretary of State, pursuant to the request of an interested United States Government agency, or of the Commissioner of Immigration and Naturalization after he has determined that departure from the United States would impose exceptional hardship upon the alien's spouse or child (if such spouse or child is a citizen of the United States or a lawfully resident alien), or that the alien cannot return to the country of his nationality or last residence because he would be subject to persecution on account of race, religion, or political opinion, the Attorney General may waive the requirement of such two-year foreign residence abroad in the case of any alien whose admission to the United States is found by the Attorney General to be in the public interest: *And provided further*, That, except in the case of an alien described in clause (iii), the Attorney General may, upon the favorable recommendation of the Secretary of State, waive such two-year foreign residence requirement in the case of an alien described in clause (iii), the Attorney or last residence has furnished the Secretary of State a statement in writing that it has no objection to such waiver in the case of such alien.

P.L. 91-225
Apr. 7, 1970

P.L. 94-484
Oct. 12, 1976

* * * * *

(j)(1) The additional requirements referred to in section 101(a)(15)(J) for an alien who is coming to the United States under a program under which he will receive graduate medical education or training are:

(A) A school of medicine or of one of the other health professions, which is accredited by a body or bodies approved for the purpose by the Commissioner of Education, has agreed in writing to provide the graduate medical education or training under the program for which the alien is coming to the United States or to assume responsibility for arranging for the provision thereof by an appropriate public or nonprofit private institution or agency, except that, in the case of such an agreement by a school of medicine, any one or more of its affiliated hospitals which are to participate in the provision of the graduate medical education or training must join in the agreement;

(B) Before making such agreement, the accrediate school has been satisfied that the alien (i) is a graduate of a school of medicine which is accredited by a body or bodies approved for the purpose by the Commissioner of Education (regardless of whether such school of medicine is in the United States); or (ii) has passed parts I and II of the National Board of Medical Examiners Examination (or an equivalent examination as determined by the Secretary of Health, Education, and Welfare), has competency in oral and written English, will be able to adapt to the educational and cultural environment in which he will be receiving his education or training, and has adequate prior education and training to participate satisfactorily in the program for which he is coming to the United States;

(C) The alien has made a commitment to return to the country of his nationality or last residence upon completion of the education or training for which he is coming to the United States (including any extension of the duration thereof under subparagraph (D)), and the government of the country of his nationality or last residence has provided a written assurance, satisfactory to the Secretary of Health, Education, and Welfare that there is a need in that country for persons with the skills the alien will acquire in such education or training; and

(D) The duration of the alien's participation in the program for which he is coming to the United States is limited to not more than 2 years, except that such duration may be **extended for one year at the written request of the government of his nationality or last residence, if (i) the accredited school providing or arranging for the provision of his education or training agrees in writing to such extension, and (ii) such extension is for the purpose of continuing the alien's education or training under the program for which he came to the United States.**

P.L. 94-484
Oct. 12, 1976

Aug. 1, 1977
P.L. 95-83

APPENDIX 3

CORRESPONDENCE

DEPARTMENT OF STATE,
March 28, 1977.

Hon. JOSHUA EILBERG,
Chairman, Subcommittee on Immigration, Citizenship, and International Law, Committee on the Judiciary, House of Representatives.

DEAR MR. CHAIRMAN: Following the subcommittee's hearings on March 24, 1977, the Department was asked to provide written responses to certain questions which time had precluded being asked at the hearings. All but one of these questions, the number of foreign medical graduates immigrating to the U.S. between the enactment of Public Law 94–484 and January 10, 1977, will be addressed in a separate letter which will be sent shortly.

With respect to the number of doctors entering the United States just prior to the effective date of the new law, our diplomatic and consular posts were instructed to report the number of immigrant visas and nonimmigrant visas issued to doctors on the basis of their professional qualifications between December 1, 1976 and January 10, 1977. Reports received indicate 400 nonimmigrant (360 J visas, and 40 H visas) and 1700 immigrant visas (SA, P3, P6, and NP) issued to medical doctors during this period. While there is no data base for comparison with a similar time frame during previous years, the figures alone would seem to indicate that an unusually large number of doctors did apply and receive visas just prior to the effective date of Public Law 94–484.

If you believe that the Department can provide you any further information which would be helpful in this regard, please let me know.

Sincerely,

BARBARA M. WATSON,
Administrator-Designate.

VISAS ISSUED TO FOREIGN MEDICAL GRADUATES ON BASIS OF PROFESSIONAL QUALIFICATIONS, DEC. 1, 1976 TO JAN. 10, 1977

Post	J	H	SA	3P	6P	NP
New Delhi	4			4		74
Lyon						
Oslo						1
Lusaka		1		1		31
Sao Paulo	10		3			
Cairo						14
Peshawar						
Canberra						
Cebu	1					
Jerusalem	4					3
Kinshasa						2
Rangoon				3		
Bonn						
Bremen						
Tokyo	12					
Sydney	5	1		1	1	3
Calcutta				13		
Tel Aviv						17
Dusseldorf	1					
Manila	5	5		12		
Maputu						25
Damascus						25
Surabaya	1					
Rome	5					
Hamburg	11	1				
Budapest						
Nicosia						
Alexandria						
Zagreb						
Vienna						2
Port Louis				1		
Casablanca						
Tananarive						

VISAS ISSUED TO FOREIGN MEDICAL GRADUATES ON BASIS OF PROFESSIONAL QUALIFICATIONS, DEC. 1, 1976 TO JAN. 10, 1977—Continued

Post	J	H	SA	3P	6P	NP
Brussels	7					
Izmir						
Goteburg						
Islamabad						
Dacca				4		
Addis Ababa						
Taipei	10			17	1	1
Bern						5
Bangui						
Bucharest						1
Bangkok	1			1		22
Libreville						
Tunis						
Reykjavik						
Seoul				48		
Bamako						
Khartoum						
Prague	1					
Lahore						15
Hong Kong	2				1	6
Nouakchott						
Stuttgart						
Ibadan						
Copenhagen						1
Amsterdam	2					
Ankara	10				1	3
Munich	7					
Dar es Salaam						7
Freetown						
Valletta						
Stockholm						
U.S. Berlin	3					
Kaduna						
Sana						
Peking						
Kathmandu						1
Abidjan						
Nairobi				1		2
Frankfurt	5	1		1		5
Mogadiscio						
Tangier						
Antwerp						
Matamoros						
Turin	1					
Curacao						
Oporta						
Tegucigalpa						2
Thessaloniki						1
Asuncion		1				9
London	16			21		207
Helsinki	2					
Tehran				2		28
Athens	5					5
Vientiane						
Algiera						
Milan						
Florence	2					
Kingston	3	1	1	2		4
Belfast						20
Montreal	12	2	13	9		74
Asmara						
Manama				2		
Lome						
Lagos						
Quebec						5
Calgary					1	3
Yaounde						
Halifax	3					5
Merida	1					
Naples				2		2
Guadalajara						
Adana						
Winnipeg					16	73
Nuevo Laredo	1	1				
Amman	2			4		1
Montevideo				1		2
Conakry						
Madrid				2		
Jidda						2
Dhoa						
Perth						
Recife						

VISAS ISSUED TO FOREIGN MEDICAL GRADUATES ON BASIS OF PROFESSIONAL QUALIFICATIONS, DEC. 1, 1976 TO JAN. 10, 1977—Continued

Post	J	H	SA	3P	6P	NP
Wellington	3			1	1	1
Melbourne						
Naha						
Singapore				1		2
Brisbane						
Fukuoka						
Medan						
N'Diamena						
Rio de Janeiro	7					2
Martinique						
Barrangquilla						
San Salvador	9					4
Dublin	1					11
Cali						
Brasilia						
Maseru						
Bombay	2			83		104
Osaka-Kobe						
Quito						
Paramaribo						
Toronto	1			9	2	60
Vancouver	6					25
Tripoli	6					2
Buenos Aires	8		7	2		20
Guatemala	10					2
Trieste						
Bogota	5	1				14
Caracas	17	1				5
Santiago	3	3				5
Rotterdam						3
Paris	10	3				10
Port Au Prince	2		5			
Liloungwe						
Edinburgh	8	1				
Colombo						2
Sofia						
Krakow						
Mexico		5	6	1		1
Bujumbura						
Madras				134	1	2
Istanbul						
Kuala Lumpur				3		
Lima	12					
Shiraz	1					
Kuwait				2		2
Luxembourg						
Cotonou						
Strasbourg						
Cape Town				21	4	28
Durban				1	2	16
Johannesburg	1			13	5	89
Muscat	55					
Dhahran				5		6
Lubumbasi						
Douala						
Kabul						
Monterrey	13	1				2
Port of Spain	1			2		3
Nice						
Amembassy Berlin						
Guayaquil						
Barcelona						
Palermo						
Moscow						
Juarez	1			1		
Panama plus Canal Zone	1					9
San Jose				1		
Bridgetown		1	1			1
Bordeaux	1					
Genoa					1	3
Lisbon						
Rabat						
Medellin						
Santo Domingo	1	10				5
Marseille	3					
Hamilton						
Karachi						14
Kaduna						
Tijuana						
Sapporo						
Kigali						

VISAS ISSUED TO FOREIGN MEDICAL GRADUATES ON BASIS OF PROFESSIONAL QUALIFICATIONS, DEC. 1, 1976 TO JAN. 10, 1977—Continued

Post	J	H	SA	3P	6P	NP
Gaborone						
Maracaibo						
Naples				2		2
Bilbao						
La Paz						
Hermosillo						
Accra				4		
Belize						
Victoria						
Nassau						
Monrovia						
Warsaw	2					

DEPARTMENT OF STATE,
Washington, D.C., May 18, 1977.

Hon. JOSHUA EILBERG,
Chairman, Subcommittee on Immigration, Citizenship, and International Law, House of Representatives.

DEAR MR. CHAIRMAN: As a follow-up to the hearings held on March 24 by the Subcommittee on Immigration, Citizenship and International Law of the House of Representatives Committee on the Judiciary, the Department transmits herewith the following information which your staff requested us to furnish for the record.

IMPACT OF PUBLIC LAW 94–484 ON TEMPORARY WORKERS

INS published regulations on March 28, 1977 which provide that one extension of up to a maximum of one year can be granted to FMGs who were in the U.S. on H visas prior to January 10, 1977 provided that they are in the employ of the same employer. Such FMGs may also be readmitted to the U.S. after a temporary absence abroad for a period not to exceed that previously authorized.

INS has also determined that, under the provisions of Public Law 94–484, Foreign Medical Graduates can qualify for H–1 classification if they are coming to the U.S. solely for the purpose of teaching or research. FMGs coming to the U.S. for graduate medical education or training are no longer eligible for an H–1, H–2 or H–3 classification. INS regulations on the use of the H visa for FMGs were published in the Federal Register on January 19, 1977.

The question of changing the word "solely" to "predominately" or "primarily" to teach or conduct research under the H–1 visa provisions must be resolved by INS as it has the exclusive responsibility for approving all H visa petitions. Under current regulations, H–1 visa holders are not permitted to be incidentally involved in patient care. They must be engaged "solely" in teaching or research.

IMPACT OF PUBLIC LAW 94–484 ON PERSPECTIVE FMG IMMIGRATION

Between January 10, 1977 and such time as FMGs can qualify by passing the Visa Qualifying Examination (which we expect the Secretary of HEW will determine to be the equivalent of Parts I and II of the National Boards of Medical Examiners Examination), FMGs will not be permitted to enter the U.S. to practice medicine on the basis of Third or Sixth Preference Visa petitions or as nonpreference immigrants qualifying on the basis of professional skills. An exception would apply in the cases of those FMGs who have passed medical school examinations leading to a degree as a doctor of medicine which has been accredited by the Liaison Committee on Medical Education from a U.S. or Canadian school of medicine. The Secretary of HEW has determined that such FMGs have met the equivalent of Parts I and II. The first VQE is scheduled to be given on September 7 and 8, 1977.

Only FMGs who qualify for immigration on the basis of their relationship to a U.S. citizen or lawful permanent resident, or as a refugee will be eligible for an immigrant visa and admission to the U.S. without having passed Parts I and II of the National Boards or the VQE equivalent. Requirements for licensure in the States in which they plan to practice medicine are not affected.

According to the Department's records, approximately 1700 foreign medical graduates received immigrant visas between the period December 1, 1976 and January 10, 1977.

IMPACT OF PUBLIC LAW 94–484 ON EXCHANGE-VISITOR PROGRAM

Public Law 94–484 makes every FMG coming to the U.S. for graduate medical education or training on a J visa automatically subject to the two-year foreign residency requirement of Section 212(e) of the Immigration and Nationality Act. The law also precludes such FMGs from obtaining a waiver of the home residency requirement on the basis of a "No Objection" statement issued by the government of the FMG's country of nationality or last residence.

The Department favors these two provisions of the new law as they help to assure that FMGS will return home after completing their program objectives and utilize the skills which they acquired while on training programs in the U.S. Since the enactment of Public Law 91–225 in 1970, many FMGs were using the Exchange Visitor Program as a vehicle to immigrate to the U.S. as evidenced by the statistics contained in the testimony of Department officials at the hearings on March 24.

Prior to the enactment of Public Law 94–484, there was no limit on the number of FMGs who could come to the U.S. for residency training. The new law sets no limits but stipulates that FMGs coming for graduate medical education or training must meet four basic requirements. Briefly stated, these requirements are:

(1) An accredited school of medicine or one of the other health professions must agree in writing to provide the graduate education or training for which the FMG is coming to the U.S. The body or bodies which accredit such schools of medicine must be approved for this purpose by the Commissioner of Education.

(2) The FMG must pass Parts I and II of the National Boards or the Visa qualifying Exam (which we expect the Secretary of DHEW will determine to be the equivalent of Parts I and II). (The Secretary of HEW has determined that a graduate of a U.S. or Canadian medical school has met the equivalent of Parts I and II. The FMG must also be competent in oral and written English.

(3) The government of FMG's country of nationality or last residence must provide written assurance satisfactory to the Secretary of Health, Education and Welfare, that the FMG will be appointed to a position in which the skills acquired in the U.S. will be fully utilized by the FMG upon returning home after completing the training program.

(4) The period of stay in the U.S. is limited to two years which can be extended for one year at the written request of the government of the FMG's country of nationality or permanent residence. Such written request must be satisfactory to the Secretary of HEW.

The major responsibility for developing regulations or guidelines and criteria for the four new requirements of PL 94–484 rests with the Department of HEW. Once DHEW develops such guidelines and criteria, they will be incorporated in the regulations governing Exchange-Visitor Programs.

The Department of State expects that requirements 2, 3 and 4 will have a definite impact on training opportunities for Exchange-Visitor FMGs.

The second requirement is expected to reduce significantly the number of FMGs who will qualify to come to the U.S. for graduate medical education or training. The failure rate for FMGs taking the ECFMG examination was roughly 60 percent. The failure rate of FMGs taking the VOE is expected by the ECMFG to be in the neighborhood of 80–85 percent. The new ECFMG English test, which was first given in January 1974 and reached its present minimum passing level in January 1976 will further reduce the number of FMGs who will be considered qualified. The failure rate under the old ECMFG English test was roughly 12 percent. The failure rate under the new ECFMG English test is approximately 59 percent. On the other hand we are advised by the American medical community that the supply of U.S. trained physicians will meet the demand curve by the end of 1980, reducing significantly the availability of graduate medical training opportunities for FMGs.

With respect to the third requirement, the Department anticipates that many governments (especially those in the developed countries) will be unable or unwilling to give written assurance that the FMG will be appointed to a position upon returning home whereby skills acquired in the U.S. will be fully utilized.

The Department is attempting to obtain detailed information regarding problems which are likely to develop in implementing this requirement. We have queried all of our Diplomatic and Consular posts on this issue. DHEW will be kept fully informed of responses which we receive from our missions on this matter.

The maximum three year time limitation will prevent certain FMGs from completing their training in certain specialized training programs such as neurosurgery. We believe that it would be preferable if the law permitted certain FMGs to remain longer than the maximum three years currently allowed if the foreign governments concerned specifically requested more training to fill specialized medical needs at home. Since the law makes no provision for this type of situation, we plan to propose a legislative change to enable us to accommodate requests from foreign governments for advanced highly specialized training for certain of their FMGs which will require more than the maximum of three years authorized by Public Law 94–484.

The new law could have a significant impact on three types of FMG Exchange-Visitors who are involved to a limited degree in patient care or patient contact, namely (1) teachers and research scholars who are engaged primarily in teaching or research (2) prominent physicians and surgeons who are invited to the U.S. by medical institutions to demonstrate their special skills and techniques and (3) selected foreign medical graduates whose governments request the U.S. to arrange special short term educational training programs.

The Department does not consider the types of Exchange-Visitors mentioned in 1 and 2 above to come within the purview of Public Law 94–484 as the FMGs are coming to teach, to train and to demonstrate skills and techniques and to collaborate rather than be taught, to be trained and to be educated. Consequently, we plan to amend the current regulations governing Exchange-Visitor Programs to provide that a U.S. university or medical center (which has a designated Exchange-Visitor Program) may bring FMGs to the U.S. for teaching or research provided (a) that the Dean of an accredited U.S. medical school or his designee certifies that the program is predominantly involved with teaching or research (b) that any incidental patient contact would be under the direct supervision of a U.S. faculty member (c) that the FMG would not be given final responsibility and decision making on diagnosis and treatment of patients and (d) that any activities of the FMG will conform with the state regulations or licensing for medical and health care professions. We plan to require that the certification by the Dean be attached to the DSP–66 issued to the prospective EVFMG.

Prominent foreign physicians and skilled surgeons are often invited to the U.S. by Medical Schools to demonstrate new skills and techniques. The Department considers such persons to be teachers rather than students or trainees and therefore does not consider them to fall within the purview of Public Law 94–484. The Department plans to authorize the ECFMG to continue to document such foreign physicians for Exchange Visitor Visas provided that the four conditions stated in the preceding paragraph are adhered to.

One of the major concerns of the Department of State is that Public Law 94–484 does not make provision for agreements which require graduate medical training of FMGs in the United States to have contact with patients although not to have primary responsibility for their care.

We currently have an agreement with Egypt, dated October 28, 1975, of five years' duration subject to termination by either party upon six months' notice, under which inter alia, the Department of HEW is required to provide training programs for Egyptian physicians in the operation of emergency services, neontology, renal dialysis programs, etc. The foreign physicians would be involved in working with patients in these fields only to a limited extent. We expect that this commitment can be handled initially by the ECFMG under the special fellowship arrangement described above since less than a dozen FMGs will be involved over the next year.

However, we consider that it is desirable to have authority to enable the United States Government to enter into agreements with other countries which would allow foreign doctors to engage in limited, incidental patient care as part of their training with appropriate safeguards. Thus, these agreements would require that the doctors coming here would be under the immediate supervision and direct control and engage in patient care under the direct supervision of a fully qualified licensed physician. It is assumed that these terms would be found acceptable to foreign countries and to host institutions.

We have requested Dr. James King, DHEW, to provide the staff of your Subcommittee a copy of the agreement with the Egyptian Government of October 28, 1975.

RESPONSIBILITY FOR IMPLEMENTING "SUBSTANTIAL DISRUPTION" PROVISION OF PUBLIC LAW 94–484

Public Law 94–484 fails to assign the responsibility for the interpretation and implementation of the "substantial disruption" to a specific Government agency. The law requires the Attorney General to take whatever action is necessary to ensure that the number of Exchange-Visitor FMGs participating in graduate medical education or training programs on January 10, 1977 (effective date of the Act) is not exceeded thereafter under the "substantial disruption" provision.

The Department of State convened an interagency meeting on December 15, 1976 to resolve the substantial disruption issue. Officials of the Departments of HEW, State and Justice as well as representatives of the educational and medical communities attended. Since the Departments of State and Justice lack the medical expertise to determine "if there would be a substantial disruption in the health services because certain EVFMGs would be unable to enter the U.S. for training because of their failure to meet the requirements of the new law", officials of DHEW were asked to submit their recommendations on this issue.

On January 10, former Secretary of HEW Mathews in a joint letter to the Attorney General and the Secretary of State recommended that a blanket waiver under the substantial disruption provision be granted for a one year period. The Secretary's recommendation was based on a projection that the requirements of the new law would result in a 15 to 20 percent reduction in the total number of FMGs available for training in U.S. hospitals and graduate medical institutions during calendar year 1977. The blanket waiver was requested for a one year period only because DHEW anticipated that an equivalent examination to Parts I and II of the National Boards will have been developed and administered in sufficient time hopefully to obviate the need for similar exemptions in succeeding years.

On Friday, January 21, an interagency meeting (HEW, State, Justice and ECFMG) was held at DHEW to discuss the recommendations contained in the letter from former Secretary Mathews. It was unanimously agreed (1) that the blanket waiver would be granted for the period January 10, 1977 to June 30, 1978 and (2) that the waiver would not apply to FMGs whose full term residency training programs were to begin on July 1, 1978 but that it would apply to FMGs in short term programs who might enter the U.S. between January and June 1978. At the January 21 meeting, agreement was reached on the following:

(1) The Department of State would send a circular telegram to all Diplomatic and Consular posts notifying them of agreement reached on the blanket waiver provision. The telegram was cleared with the agencies concerned and sent to all posts on January 27.

(2) The ECFMG agreed to notify the Training Program Directors of participating hospitals regarding the blanket waiver provision. The ECFMG Notice was sent January 26.

(3) The ECFMG agreed to use its automated data computer bank to ensure that the number of Exchange-Visitors participating in training programs on January 10, 1977 was not exceeded thereafter. DHEW recommended that waivers under the substantial disruption provision be applied on a hospital by hospital basis and by specialty programs within each hospital.

Immediate problems developed in implementing the blanket waiver provision. In a number of cases, FMGs already in first or second year residency programs had signed contracts to pursue their second or third year training programs in other hospitals which did not have slots available under the hospital-by-hospital, speciality-by-speciality formula proposed by DHEW. It was agreed by the Government agencies concerned that transfers of this type would be permitted if the hospital losing the FMG would transfer the training slot to the receiving hospital, therefore keeping the "numerical limitation" provision of the law. All agencies agreed that first consideration should be given to the FMGs to enable them to complete their stated training objectives so that they could return home with the necessary knowledge and skills to practice medicine there.

Another problem involved short term specialized fellowship programs, many of which were arranged under faculty interchange agreements between U.S. medical institutions and medical centers abroad. The duration of these programs generally ranged from two to eight months. Unfortunately, on January 10, the effective date of the new law, the number of FMGs participating in these short term programs was less than one third of the annual average, which normally runs in the neighborhood of 200. To overcome this problem yet stay within the "numerical limitation" provision of the law, the Department of State has proposed that the involved Government agencies consider these short term fellowships as one type of program which would be administered on a revolving basis, i.e., as certain FMGs completed their fellowships, new FMGs could begin their short term fellowship programs. Over the years these types of fellowships have been very successful in accomplishing the basic purpose and objectives of the Mutual Educational and Cultural Exchange Act.

The final problem involves U.S. hospitals which planned to fill certain residency slots being vacated by EVFMGs with U.S. medical graduates or immigrant FMGs but which had contracted with EVFMGs either directly or through the Matching Program to fill certain slots with EVFMGs. These slots would not be available to the hospitals under the DHEW proposal to limit the entrance of new FMGs on a "hospital-specialty" basis. The Department of State, therefore, has strongly urged DHEW to relax the "hospital-by-hospital", "specialty-by-specialty" formula for the coming year provided (a) slots become available because of positions being filled with U.S. medical graduates (b) the numerical limitation provision is not violated and (c) the receiving hospital is able to demonstrate to the satisfaction of DHEW that a "substantial disruption" would occur if the FMG were not permitted to come to this country.

The Department of State is of the opinion that the "substantial disruption" provision should be given the broadest possible liberal interpretation by the agencies concerned during the first year following the enactment of Public Law 94-484 in order to avert what hospital administrators allege will be a medical crisis in the major cities, where patient care depends largely on FMGs. The reasons are twofold: (1) FMGs will not be able to enter on H visas or on Third and Sixth Preference Visa Petitions or as nonpreference immigrants which hospital administrators project will cause shortfall of approximately 3000 doctors on July 1, 1977 and (2) the equivalent exam to Parts I and II of the National Boards is not scheduled to be given until September 1977.

The issue of extending the substantial disruption provision beyond June 30, 1978 is currently being considered by the agencies concerned. In a joint letter dated January 18 to the Secretary of State and the Attorney General, Senator Jacob K. Javits, Ranking Minority Member of the Senate Labor and Public Welfare Committee and Congressman Paul G. Rogers, Chairman of the House Subcommittee on Health and the Environment, expressed the view that they considered the blanket waiver provision for one year a reasonable one since the opportunity to take Parts I and II of the National Boards or an equivalent examination was not yet available to alien physicians.

Senator Javits and Congressman Rogers noted that a one year blanket waiver would foreshorten the time period during which unaffiliated hospital-based programs must cease to utilize the services of exchange visitor alien physicians. They recommended that a planned program be developed for the gradual phasing out of FMGs permitted to enter the U.S. for training under the substantial disruption provision of the law. They recommended that waivers beyond June 30, 1978 should be authorized only upon the basis of specific criteria which will define the term "substantial disruption" of health services.

On March 16, the Department of State convened a meeting of the Government agencies concerned as well as representatives of the educational and medical communities. Participants were invited to submit their recommendations for extending the waiver provision beyond June 30, 1978 to Dr. Harold Margulies, Deputy Administrator, Health Resources Administration, DHEW. They were urged to submit statistical documentation to support their recommendations.

In response to the March 16 meeting, the Department of State has received letters (copies enclosed) from the following individuals:

Ms. Jennifer Stephens, Director, Harvard International Office, Harvard University, Boston, Mass.

Dr. Dieter Koch-Weser, Associate Dean for International Programs, Harvard Medical School, Boston, Mass.

Dr. Leo J. Gehrig, Senior Vice President, American Hospital Association, Washington, D.C.

Dr. Graham D. Lister, Surgery of the Hand, Doctors Office Building, Louisville, Kentucky

Dr. Mark S. Beaubien, Chief, International Exchange, Fellowship Section, Fogarty International Center, Department of Health, Education, and Welfare, National Institutes of Health, Bethesda, Maryland

Ms. Gloria M. Coleman, Administrative Director, Association for Hospital Medical Education, Arlington, Virginia

If you desire any additional information, I shall make every effort to furnish it.

Sincerely,

DOUGLAS J. BENNET, Jr.,
Assistant Secretary for Congressional Relations.

Enclosures.

HARVARD MEDICAL SCHOOL,
Boston, Mass., March 17, 1977.

Mr. PAUL A. COOK,
Director, Facilitative Services Staff, Bureau of Educational and Cultural Affairs, Department of State, Washington, D.C.

DEAR MR. COOK: We thought that the meeting held under your chairmanship at the Department of State on Wednesday, March 16, 1977 dealing with the problems created by Public Law 94-484 was very well conducted, profitable and even enjoyable.

As suggested we would like to address ourselves to the following which is of immediate concern to our medical faculty and to us as administrators of academic exchange visitor programs.

We understand it has been determined that teachers and researchers in medical fields coming to the U.S. as exchange visitors will not be affected by the new restrictions governing exchange visitors receiving medical education and training under Public Law 94-484. These teachers and researchers are still eligible for sponsorship under the exchange visitor programs of educational institutions. It is clear, however, that in clinical departments research and teaching activities can involve contact with patient, but do not give the exchange visitor responsibility for patient care. As with medical students during their clinical training experience, these exchange visitors typically participate in clinical teaching rounds, in clinical research activities, interpret laboratory tests and radiographics, and participate in clinical surgical and patho-physiological seminars and propose medication, but they do not make the final decision or assume responsibility for any of these activities. Any possible decision involving patient care is the ultimate responsibility of the regular staff of the clinical department. In summary then, the exchange visitor is engaged in educational and research activities without assuming responsibility for patient care.

This form of patient contact is a required activity for any teacher and/or researcher and is an integral part of the activities of a clinical department and without it, clinical academic departments could not participate in international academic exchange, which is a very effective instrument in international cooperation.

In order to guarantee strict adherence to the regulations we would be prepared to provide written assurance from the Dean of the Medical School or his designated representative in each case where patient contact will be involved to the effect that the foreign teacher and/or researcher will be primarily engaged in teaching and/or research and that any incidental patient contact would not include final responsibility and decision-making on diagnosis and treatment of patients. This statement would accompany the certificate of eligibility for form DSP-66. In addition, the activities would have to conform to the state regulations on licensing for medical and health care professions.

This letter is intentionally short in order to reach you before the meeting next week. A more detailed statement, as soon as it is compiled, will follow.

Sincerely,

DIETER KOCH-WESER, M.D.
Associate Dean for International Programs.
JENNIFER STEPHENS
Director, Harvard International Office.

American Hospital Association,
Washington, D.C., March 23, 1977.

Paul A. Cook,
Director, Facilitative Services Staff, Bureau of Educational and Cultural Affairs, U.S. Department of State, Washington, D.C.

Dear Mr. Cook: This is in response to your invitation for inclusion of materials in testimony of the Department of State before the Subcommittee on Immigration, Citizenship and International Law of the House Committee on the Judiciary concerning alien physicians and implementation of certain provisions of Public Law 94–484.

The American Hospital Association continues to feel there is an urgent need of a solution to the present problem of exclusion of immigrant physicians from this country who have not passed Parts I and II of the National Board of Medical Examiners Examination when this examination is not administered overseas. The Health Professions Educational Assistance Act, passed in 1976, severely limited FMG participation in medical residency programs through new requirements including passage of Parts I and II of the NBME examination to obtain either an exchange visitor visa or an immigrant visa.

At the same time, Congress recognized that these requirements could cause substantial disruption in some hospitals in which FMG's constitute a high percentage of residents and a waiver of the new requirements for exchange visit FMG's was provided for until December 31, 1980. Further recognizing the lack of time for addressing this issue by July 1, 1977, the Secretary of HEW, with the subsequent concurrence of Congressional leaders, recommended a broad application of the waiver to allow each residency program as many exchange visitor FMG's in the coming training year as were in the program on January 10, 1977. This action has been necessary and helpful but a serious problem remains.

The waiver applies only to exchange visitors, and from the best estimates available they made up only about 40 percent or less of all FMG's in first-year positions in 1975–76. Thus there remains the potential for a short-fall this coming summer of approximately 50–60 percent (or 3,000) or those FMG's currently in first-year positions.

The data on entry status of alien physicians is limited but information gathered by the American Hospital Association supports the concern raised by many people over the insufficiency of the present provisions recommended by HEW. The figures show that of the total of 1,236 FMG's in residencies included in our study, a total of 718, or 58 percent entered this country on immigrant visas. This sample represents over 2,500 filled residency positions in 25 hospitals in New York City; Newark, New Jersey; Chicago, Illinois; Detroit, Michigan and several other communities. Institutions involved are both public and private nonprofit hospitals and all residency programs involved are approved. The present waiver in no way addresses the disruption that will result from the loss of the 58 percent of FMG's who entered this country on immigrant visas.

The issue then is whether, in attempting to implement provisions of Public Law 94–484 amending the Immigration Act, the requirement of passage of Parts I and II of the National Board (an examination not available overseas) will create a situation this summer which will result in major disruptions in the delivery of medical care in some very important teaching hospitals. Those impacted will most frequently be large inner-city public and private hospitals that provide a great deal of medical care to the poor and near-poor residents of these cities. Many of these institutions have not in recent years attracted a sufficient number of U.S. medical school graduates to their residency programs and have had to rely on alien physicians in an attempt to fill residency positions. The problem is more serious in certain residency programs such as anesthesiology, radiology, physical medicine and pathology where the ratio of foreign graduates in filled positions was 50 percent or higher in 1974. It is conceivable that many such programs may have a short-fall of such magnitude as to completely disrupt the first-year resident program. This, of course, has a spillover effect on other services within the hospital which rely on the above services, such as surgery relies on anesthesiology.

We believe the only practical solution for July 1, 1977, the date on which most residencies begin for this year, is for the Federal Government to recognize, as a temporary substitute, ECFMG certification as equivalent to passage of Parts I and II of the NBME exam. This is made more difficult because Senate Committee report language specifically advised against acceptance of ECFMG as an equivalent exam (Senate Report 94–887). We are not debating this issue but because the present requirement is an impossible hurdle since Parts I and II of the NBME exam cannot be taken overseas we believe the acceptance of a temporary substitute is necessary and appropriate.

The commitment of hospitals is to working to the same goal as Congress has expoused. The hospital residency program directors will be delighted when an adequate number of U.S. medical graduates participate in their programs. However, a reasonable transition must be conducted in such a fashion as to not leave a significant group of our population without the care that is made possible through the participation of these residents in training.

Specifically, the AHA is urging that the present process of certification of an FMG by the Educational Commission for Foreign Medical Graduates (ECFMG) be determined, on a one-year basis, as equivalent to passage of Parts I and II of the NBME examination for the purposes of Public Law 94–484. This would allow hospitals to avoid the impending crisis by drawing on the pool of alien physicians who have passed the ECFMG exam and met the other requirements for ECFMG certification and are presently excluded from entering this country as immigrants because of the requirement to pass an examination which is not available to them.

At this date this seems the only available course to take to avoid the situation we have described. We ask that you request Congressional recognition of this need and we urge your support for this position as we are urging the same with the Secretary of Health, Education, and Welfare.

Thank you for your consideration.

Sincerely,

Leo J. Gehrig, M.D.,
Senior Vice President.

Attachment.

Institutions	25
Number of filled residencies:	
U.S.	1,240
USFMG	99
Percent (U.S. and USFMG)	(52)
FMG	1,236
Percent	(48)
Total	2,575
Visa status:	
Permanent immigrants	718
Percent	(58)
H	66
J	452
Percent (H and J)	(42)

The above data, collected by AHA, show that of the 1236 FMGs presently in graduate medical education or training in programs studied, 718 or 58 percent entered this country on immigrant visas while the remaining 42 percent entered as exchange visitors (J1, H1, etc.).

This sample represents over 2500 filled residencies in New York, Newark, Chicago, Detroit and several small communities. Institutions involved are both public and private nonprofit and all residency programs are approved.

Doctors Kleinert, Kutz, Atasoy & Lister,
Louisville, Ky., March 17, 1977.

Mr. Paul A. Cook,
Director of Facilitative Services Staff, Bureau of Education and Cultural Affairs, Bureau of Education and Cultural Affairs, Department of State, Washington, D.C.

Dear Mr. Cook: At the meeting on March 16th it became clear to me that the intentions of Public Law 94–484 were twofold.

1. To ensure that the standard of training of all physicians ministering to American patients is uniform.

2. To reduce the permanent immigration of foreign medical graduates from countries where their services are sorely needed, and their departure resented—more succinctly, to stop the "brain drain".

However, it was equally clear that the third effect of the Act will be to significantly reduce genuine international educational exchange. This reduction will occur at three levels:

(a) Those foreign graduates unable to pass the proposed Visa Quaifying Examination (VQE) who wish to come to the United States specifically to correct their deficiencies before returning to their countries where their newly acquired skills will help develop higher standards of medical care.

(b) Those foreign graduates who have completed post-graduate specialist training who come for periods ranging from three months to one year to engage in a dialogue which of all categories can most accurately be described as "exchange", for they both learn and communicate advanced ideas. Usually from more developed countries than those considered in (a), the majority of these physicians would be unwilling to sit the VQE, reluctantly considering it an unacceptable price to pay for a visit, valuable but brief. As I stated at the meeting of March 16th, of 27 such physicians who have been Fellows in our Hand Surgery program, only two South African doctors have subsequently made their home here. It would appear therefore that this group does not constitute a potential "brain drain". Rather are we denying valuable and mutually educational opportunities to the future leaders of medicine in countries with whom the United States has traditional ties.

(c) Those established experts who come to teach and whose visits have long been highlights in many of the superior medical teaching programs. Whether or not they become involved in some way in patient care depends entirely on their area of expertise and in any event can have no influence on that care, unless beneficial, since men of such calibre invariably accept invitations only from physicians of like ability who accompany them, accepting full responsibility for their patient's well-being.

Bearing in mind the generous and enthusiastic manner in which the United States of America has always entered into international education, I am confident that this third effect was not a third intention of the Act. I am equally sure that with the thoroughness which was so evident at the March 16th meeting, a solution will soon be found to this problem so that America can continue in its pre-eminent position in world medical education.

Yours sincerely,

GRAHAM D. LISTER, M.D.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
PUBLIC HEALTH SERVICE.
Bethesda, Md., March 17, 1977.

Mr. PAUL A. COOK,
Director, Facilitative Services Staff, Bureau of Educational and Cultural Affairs, Department of State, Washington, D.C.

DEAR MR. COOK: I appreciate your convening the meeting on March 16 concerning foreign medical graduates and their entry requirements into the U.S. under Public Law 94–484. It was very informative and I was glad to have attended. You asked that I submit comment with respect to implications for our research fellowship program. A copy of this statement is attached. It is also being submitted through NIH/HEW channels to be considered with problem areas of other agency components. I would be pleased to participate further in any way that would be helpful. Please let me know if you have any questions (496-1653).

Sincerely yours,

MARK S. BEAUBIEN, M.D.,
Chief, International Exchange,
Fellowship Section, Fogarty International Center.

Attachment.

IMPLICATIONS OF PUBLIC LAW 94–484 FOR THE INTERNATIONAL RESEARCH FELLOWSHIP PROGRAM

The International Research Fellowship Program of the Fogarty International Center, NIH, brings to this country each year 60–70 young foreign postdoctoral scientists for research training under preceptors at various U.S. research institutions around the country. They come as exchange visitors (J-1 visa, Program No. G-05-0111) and are obliged to return ot their home countries to assured positions after the training period (maximum 3 years). About 50 percent of these are M.D.s (FMGs). For a few of these, their work is entirely in the laboratory and does not entail clinical work with patients. These few do not pose a problem since Public Law 94-484 clearly does not pertain to them.

A large part of our FMG Fellows, however, do need to have some contact with patients as related to their research work. This contact varies considerably from very little to a large amount and in the nature of that contact. It is this group to which the law and regulations are presently being applied across the board and, I believe, unnecessarily. They are being asked to fulfill the requirements, in particular the VQE, even though they are not coming to the U.S. permanently or temporarily for the purpose of providing service or participating in a program which trains them in a medical specialty. Considering the burden and financial hardship entailed in seeking out and taking the VQE, I foresee that many or most will be discouraged from applying for these Fellowships, to the detriment of their research careers and the furtherance of research in our and their countries.

The law itself in wording and intent is concerned with FMG's coming for medical education or medical service. Therefore, for our program and other similar programs, the problem as I see it is in the implementing regulations and not the law itself, which could stand as is.

Since regulation and licensure for medical practice are State functions, safeguards continue in that fellows would still need to meet the requirements which the institution and local jurisdiction in which they work determine to be appropriate to the type and extent of clinical work entailed in their research work during the temporary period in which they are in the United States.

I believe the implementing regulations should be modified to the following extent with respect to Federal responsibilities:

> Public Law 94-484 does not apply to FMG's who come to this country for research or research training under an approved exchange program (J-1 visa) which has this as its primary purpose, even though some clinical work with patients may be involved in the research. Institutions and local jurisdictions where the research is conducted will determine the need for fulfillment of such medical practice requirements as may be appropriate to any clinical work with patients that may be involved in the research activity.

MARK S. BEAUBIEN, M.D.,
Chief, International Exchange, Fellowship Section,
Fogarty International Center, National Institutes of Health.

ASSOCIATION FOR HOSPITAL MEDICAL EDUCATION,
Arlington, Va., March 17, 1977.

Mr. PAUL A. COOK,
Director, Facilitative Services Staff, Bureau of Educational and Cultural Affairs, Department of State, Washington, D.C.

DEAR MR. COOK: This is simply to thank you for the courtesies which you and your staff extended to me in inviting AHME to attend yesterday's meeting of the FMG matter. I would like to be placed on a list to receive regular announcements of meetings of this kind.

I prepared and mailed to the AHME Executive Committee a summary of the meeting and relayed your invitation to submit brief comments which may be considered during the Congressional hearing scheduled for the 24th.

I was a little nonplussed to note at the session yesterday how many of the attendees have a basic lack of understanding of the components of the waiver. Perhaps because I am an attorney my inclination is to study a document thoroughly; however, perhaps HEW might furnish an interlinear translation in the future for those who have difficulty grasping legal thought processes. There I go being abrasive.

I sat across from you, along the outer edge of the seating arrangement and compliment you on your ineffable courtesy to all those present, and the effective manner in which you moderated the session.

Sincerely,

GLORIA M. COLEMAN,
Administrative Director.

[Additional Questions Submitted to Dr. Casterline,
Executive Director, ECFMG]

AVAILABILITY OF GRADUATE MEDICAL EDUCATION POSITIONS—SUPPLY VS. DEMAND

Question. Is the number of first year graduate medical education positions increasing? Decreasing? Remaining constant? I have heard that some U.S. medical graduates and some foreign doctors who have immigrated are unable to enter our graduate medical education system. Is this true? What data do you have to support your conclusion.

Answer. There is a decrease in the number of internships over the past decade. i.e., 1965–1975. A total of 12,954 positions were offered in 1974–75, 19.4 percent less than in 1965–66. The data in the AMA supplement does not identify first year graduate medical education as such. It may or may not be that an internship is the first year of graduate medical training. In 1965-66, only 75 percent of the intern positions offered were filled, but in 1974–75, 94 percent were filled. The number of hospitals offering intern positions was 772 in 1965–66, peaked to 900 in 1969–70, and decreased to 516 in 1974–75. The number of positions offered over the ten years correlates highly with the number of hospitals offering internship positions.

Comparisons of the percent of U.S. graduates which could be accommodated by offered residency positions by specialists from 1960 to 1974 show a fairly consistent ratio of 1.27 to 1.36 positions per USMG. Stated as a percentage, there are 27–36 percent more positions available than there are USMG candidates to fill them. Since the number of U.S. graduates is increasing, it seems clear that first year graduate training positions are not decreasing. (See attached table.)

More recent data on the 1975–76 situation are not yet available.

We are not aware of any U.S. medical graduates who have had difficulty obtaining approved graduate training positions, although they are often not able to enter in the specialty of their first choice.

While there was an aggregate increase in 1st year residency positions between September 1973 and September 1974, there were shifts between specialties that have some implications for FMGs planning to enter residency training. In the following table, there are shown several specialty areas in which the number of residency positions available was reduced:

Specialty	Positions available		FMG's in filled positions, 1974 (percent)
	1973	1974	
Affiliated residencies:[1]			
Anesthesiology	818	755	48
General practice	74	54	82
Neurosurgery	147	139	12
Neurology	387	376	30
Pathology	956	919	48
Pediatric cardio	82	70	29
Radiology	422	273	59
Urology	320	314	24
Unaffiliated residencies:[2]			
Surgery	318	227	75
Internal medicine	277	245	67
Obstetrics	104	84	68
Opthalmology	43	28	14
Orthopedic surgery	48	34	24
Pathology	133	85	86
Radiology	29	21	85
Urology	18	13	46

[1] Percent FMG's in all filled residency positions, 1974 affiliated, 25.
[2] Percent FMG's in all filled unaffiliated residency positions, 1974, 60.

Source: JAMA Education Issues, 1975 and 1976.

Though we know it is more difficult for FMGs to find approved graduate training positions, it is a fact that of the total positions filled in 1973–74, 30 percent were filled by FMGs and of the total filled in 1974–75, 28 percent were filled by FMGs.[1] A 2 percent difference is not a statistically significant decrease. Those

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[1] Taken from the January 1975 and December 1976 JAMA Supplements on Medical Education.

FMGs who have had trouble entering our graduate medical education system are, for the most part, individuals who have not been able to pass the ECFMG examination, which is the screening examination for application to approved graduate training programs. One group that may be an exception to the above may be the Indochina refugee physicians. Here the problem may have more to do with perceived cultural differences and distrust of the differences by the directors of graduate programs than with any lack of competency.

PERCENT OF U.S GRADUATES WHICH COULD BE ACCOMMODATED BY OFFERED RESIDENCY POSITIONS BY SPECIALITY

	1960	1962	1963	1969	1970	1972	1973	1974
ANES	10	11	11	10	11	10	10	9
DERM	2	2	2	2	2	2	3	2
INT	36	39	38	36	36	36	38	39
PED	14	15	15	16	15	15	15	16
PSYCH	20	21	21	21	21	21	19	18
SURG	34	35	35	36	34	34	32	31
OB/GYN	14	13	13	12	11	12	11	12
Percent of total graduates	130	136	136	133	129	130	128	127
Total U.S. graduates	8,943	8,388	9,485	10,304	10,325	10,921	11,561	12,225

Total first year residency positions available[1]

	Totals per year
1967	13,130
1968	14,455
1969	14,434
1970	15,648
1971	16,148
1972	16,777
1973	17,645
1974	18,094

[1] "Total first year positions available" is defined as that number including all first year residencies in family practice, surgery, hospital based practice, all others not yet counted such as dermatology and psychiatry. The first year of subspecialties are not counted as such in order to avoid repeat counts. These positions are budgeted, i.e., there is money available for them.

Question. As the number of U.S. medical graduates increases, won't there be a great demand and keen competition for first year positions? Would you provide the Committee with your projections on the number of U.S. medical graduates through 1981 and would you contrast these figures with the number of positions in graduate medical programs which will be available during that same period? In what year, in your opinion, will the supply balance out the demand?

Answer. The "midrange" estimate of graduate medical education annual replacement need for FMGs has been computed to be an average of 5,650. There are no data available indicating a willingness on the part of USMGs to enter positions previously occupied by FMGs. The source of this information predicts a continuing increase in the total number of positions offered and an increase in the numbers of USMGs. But, because of the lack of data for 1976, only an assumption can be made regarding the possibility that USMGs and D.O. graduates will fill positions formerly occupied by FMGs.

Projections on the number of U.S. medical graduates through 1981 are as follows:

1976–77	13,961
1977–78	14,820
1978–79	14,163
1979–80	15,187
1980–81	15,512

According to these figures, there should be an increase of 1,550 USMGs by 1981 (JAMA, Dec. 27, 1976, Vol. 236, No. 26, p. 2961).

The trend over the past 10 years indicates an increased affiliation of hospitals having approved training programs in the medical schools. Sixteen percent are affiliated with medical schools and have 80 percent of the teaching beds. Information for 1976 is lacking in regard to number of positions offered in that year.

Total residency positions increased in the 1974–75 year. However, the factors influencing the number of positions available are extremely diverse and variable and without more information about these factors, prediction of more or less positions than currently available is not possible. Both high and low estimates are possible based on presently available data. Obviously, the higher the number of positions offered, together with the restrictions of the new legislation, the longer it will take to balance the demand.

Question. Is it safe to assume that the term "graduate of medical school" in Public Law 94–484 is not meant to include an alien who graduates from a United States medical school?

Should this statutory definition be changed in any way?

Answer. No, this is not a safe assumption. An alien may study and graduate from an American medical school while still an alien.

A change in the statutory definition is not necessary since the Act (Public Law 94–484) provides the Secretary of the Department of Health, Education, and Welfare with sufficient latitude to resolve such issues. The Secretary has defined graduation from a school accredited by the Liasion Committee on Medical Education (U.S. & Canadian Schools) as equivalent to successful completion of Parts I and II of the National Boards.

Question. According to Public Law 94–484, alien physicians coming to the United States as exchange visitors (J visa) for graduate medical education must be trained in an institution which is affiliated with a school of medicine or one of the health professions accredited by the Commissioner of Education. Would an institution such as the Mayo Clinic which does not have a medical school affiliation be accredited by the Commissioner and thereby be able to participate in the J visa program?

Answer. Current plans call for broadly interpreting affiliated hospitals as institutions which operate affiliated medical residency training programs as specified in Section 771(b)(2)(F)(i). This section states as follows:

> The term "direct or affiliated medical residency training program" means a medical residency training program with which a school of medicine is affiliated or has a similar arrangement (including any arrangement which provides for any interchange of medical residents, students, or faculty between the school and such program, the offering of any faculty position at such school to any individual on the staff of such entity who has any responsibility for such program, or the provision or receipt by such school of any funds for such program), as determined under regulations of the Secretary, or which is primarily conducted in facilities owned by a school of medicine.

Using this definition would permit institutions such as you describe to participate in the J visa program.

Question. Is there any substance to the concern that State legislatures, whose temporary or permanent licensing requirements for physicians in their State are based upon the passing of the ECFMG, will have to change laws as a result of the passage of Public Law 94–484?

Answer. The effects of Public Law 94–484 should have no adverse effects which would require State legislatures to change their laws. On the contrary, the more stringent requirements for FMG's wishing to obtain visas should ensure greater competency of new licentiates. The State licensure laws in all but six States require ECFMG Certification for full licensure. It is expected that the Visa Qualifying Examination (VQE), which will be administered to FMG's pursuant to Public Law 94–484 (as the equivalent examination), will be accepted by ECFMG as an alternative to the ECFMG examination and thereby satisfy the examination requirements for ECFMG Certification.

Question. Would you please describe for the Subcommittee some of the provisions contained in Public Law 94–484 which are designed to produce sufficient numbers of physicians to meet the health care needs of this country?

Answer. Public Law 94–484 provides several authorities designed to produce sufficient numbers of physicians to meet the health care needs of this country. Among these are start-up grants for new medical schools, medical school planning grants, grants for the initial development of new medical schools and matching construction grants for the expansion of existing schools or for the building of new schools. In addition, the Act addresses the problem of adequate numbers of primary care providers through its authorities for support of department of family medicine, and for the training of individuals in family medicine, general internal medicine and general pediatrics.

Question. Why are FMGs concentrated in certain specialties, such as anesthesiology, radiology, and rehabilitative medicine?

Answer. FMGs are concentrated in these specialties because U.S. medical graduates have historically been less interested in competing for such positions. As a result, hospitals, in need of residents to staff such service, have promoted their availability when considering FMG applicants.

Specialty fields such as pathology, radiology and anesthesiology do not require the same degree of skill in the English language, nor do they require the interpersonal skills of direct interaction with patients.

Question. In general, what types of jobs are being held and what types of medical services are being performed by FMGs? Are these positions being filled by FMGs because they are not acceptable to, or sought after by, U.S. medical graduates? Are these generally low paying residencies and internships involving long hours of work? How can these jobs be made more desirable? Are there any discrepancies in the salaries of FMGs in large, urban hospitals versus U.S. medical graduates who may be performing the same function in another hospital? In another State?

Answer. In general, FMGs are most often found in "hard to staff" practice areas. FMGs tend to serve a disproportionate share of disadvantaged patients. Other unpopular areas are city, county, and State operated mental institutions or inner city clinics and institutions. In addition, certain specialty programs, especially pathology, radiology, and anesthesiology, have been accepted by FMGs. Further, institutions which provide only medical service and do not have medical school affiliated or approved teaching programs depend on FMGs for the provision of service. Many of these positions are available to FMGs because they have not been sought after by U.S. medical graduates. In many instances, the pay is lower with working conditions and educational opportunities less attractive than those in the university teaching and affiliated hospitals.

These jobs can be made more desirable by improvement in pay, working conditions, and educational opportunities in these institutions.

There is not a great discrepancy between the salaries of FMG's in large, urban hospitals versus U.S. medical graduates who may be performing the same function in another hospital, especially if it is an approved or affiliated hospital. There is some discrepancy between States comparable to cost of living varations.

Question. Do you have any information as to the percentage of FMG's who remain in the United States after adjusting their status and who become specialists, such as neurosurgeons and cardiologists, as opposed to becoming general practitioners?

Answer. At present, we have no information on the choice of specialty of FMG's who remain in the United States after adjusting their immigration status. However, it is expected that a survey currently being conducted by the American Hospital Association will provide such data on FMG's in hospital positions.

Question. To what extent should the Federal Government for immigration purposes give full faith and credit to determinations by State medical boards who grant full licensure to an FMG. Shouldn't actions by the Federal Government in admitting FMG's be entirely independent of decisions on licensure made by State medical boards? To what extent have such boards increased our reliance on FMG's by granting temporary licenses—which often become long term licenses—to FMG's?

Answer. There is variability between States in their licensure standards and practices. There need to be some consistent minimum standards to protect States that receive FMG's licensed by other States. Accordingly, the Federal government should continue to require that FMG's holding a State license pass the NBME Parts I and II or the equivalent exam (e.g. the VQE). However, the setting of licensure standards and processes should continue to be a State function. The impact of limited or temporary licensure may increase reliance on FMG's in certain settings by forcing them to take positions which are essential but which other physicians do not want, e.g., positions in mental and other custodial health institutions.

Question. Why is there such a heavy concentration of FMG's, both percentagewise and in gross numbers, in New York, Michigan, New Jersey, and Illinois? Is this attributable to more liberal temporary licensure requirements in these States?

Answer. The heavy concentration of FMG's in New York, Michigan, New Jersey, and Illinois appears to be related both to the presence of large inner city hospitals and health care institutions in these states as well as to the availability of temporary licensure in those States. It should be noted that there is wide variation among the several States for both temporary and full licensure. It has often been asserted that these FMG's are serving in the least attractive of these hospitals in terms of working conditions and opportunities for educational experience.

In addition, in a study recently completed for the National Center for Health Services Research and Development, Dr. Irene Butter of the University of Michigan examined and categorized the stringency of States' requirements for obtaining full and less-than-full licensure. Illinois and New Jersey, two States with high concentrations of FMG's, both fell into the least stringent category for both full and less-than-full licensure. New York was found to be modestly restrictive for less-than-full licensure and among the least restrictive for full licensure. Dr. Butter also found that the proportion of the graduate medical student pool and the practicing physician pool that are FMG's consistently decreased as the stringency of States' temporary and permanent licensure standards increased.

AMERICAN MEDICAL ASSOCIATION,
Chicago, Ill., April 6, 1977.

Hon. JOSHUA EILBERG,
Chairman, Subcommittee on Immigration, Citizenship and International Law, Committee on the Judiciary, U.S. House of Representatives, Washington, D.C.

DEAR CONGRESSMAN EILBERG: The American Medical Association submits the enclosed statement for the subcommittee's consideration as it prepares its report on the oversight hearings on foreign medical graduates.

As one of seven supporting organizations of the Education Commission on Foreign Medical Graduates, the AMA has long been concerned with the immigration of foreign physicians to the United States. The concerns and recommendations in our statement reflect our experience in this area.

We request that this statement be made part of the record of the subcommittee hearings.

Sincerely,

JAMES H. SAMMONS.

Enclosure.

STATEMENT OF THE AMERICAN MEDICAL ASSOCIATION

THE IMMIGRATION OF FOREIGN MEDICAL STUDENTS

The American Medical Association takes this opportunity to express its concerns about the effects of Title VI of Public Law 94-484, the Health Professions Educational Assistance Act, which modifies United States immigration policy for alien physicians. These provisions are currently the subject of oversight hearings by the Subcommittee.

These amendments, effective January 10, 1977, substantially changed the basis for issuing J-1 (exchange visitor) visas to foreign medical graduates (FMGs), who wish to enter the United States to participate in accredited programs of graduate medical education. Amendments were similarly made to the provisions pertaining to permanent immigration of FMGs to the United States.

Title VI amends the Immigration and Nationality Act to require that any FMG wishing to immigrate to the United States or wishing to enter for purposes of graduate medical education first pass parts I and II of the National Board of Medical Examiners (NBME) examination (or its equivalent as determined by the Secretary of Health, Education and Welfare) and prove competency in written and oral English. However, the NBME examination is not available to foreign medical graduates and no other examination has been designated. Therefore, no alien foreign medical graduate abroad can comply with the law. Further, no FMG on an exchange visitor visa may remain in the United States for training for more than two years (plus one additional year under certain circumstances).

EFFECT OF THE AMENDMENT

The AMA is concerned that the result of this change in U.S. immigration policy will be a substantial reduction in the number of FMGs in accredited residency programs in the United States on July 1, 1977. This could lead to a serious dislocation of medical services, particularly in metropolitan public hospitals that rely heavily on FMGs to provide patient care. Especially affected would be patients in low income groups that depend on such hospitals for much of their care.

Presently more than 1 100 FMGs, certified by the Educational Commission on Foreign Medical Graduates (ECFMG) for participation in U.S. graduate medical education programs, have been matched with U.S. institutions for first year residency positions. These institutions, under the terms of their agreements with the National Intern and Resident Matching Program, must offer contracts to the FMGs well in advance of the start of the training programs on July 1, 1977, and it is not known whether these FMGs will be issued visas in time to begin their training. Although the Departments of Justice, State and HEW have agreed to waive these restrictions for one year, final details have yet to be announced. Therefore, this waiver may not be effected in time to meet the schedule of the next graduate medical education period beginning July 1, 1977.

A sudden shortage of FMGs could have a drastic effect on many medical specialties. For example, FMGs have especially tended to concentrate in such specialities as anesthesiology and pathology. A major reduction in residents in anesthesiology could have serious effects on other medical activities in an institution such as surgery, obstetrics and certain diagnostic procedures. A shortage in anesthesiology for even one or two years also could have long term effects on other health care activities.

In those hospitals heavily reliant on FMGs, primary care areas could also suffer if immigration is precipitously terminated. Emergency services in many hospitals might have to be curtailed.

American medical institutions have for many years given FMGs the opportunity to benefit from the quality of U.S. medical training. The opportunity for the FMG to augment his previous medical eduaction has allowed many FMGs to enhance their training and has enabled them to make significant contributions both to U.S. medical care while here and to their countrymen upon their return home. Now, however, the long standing reliance by the FMGs on graduate training programs in the U.S. faces total disruption because of the provisions of Public Law 94-484. The loss of these opportunities will be particularly hard on developing nations where the improvement of health standards is a great need.

The sudden reversal in policy by abruptly "terminating" entry, accompanied by the continuing uncertainty over the effective date of the waiver, is also disruptive to the many residency programs in the United States. Plans are made, only to be changed and changed again. This continuing disruption can only adversely affect the quality of graduate medical education.

We should also point out that limiting the period of time an FMG on an exchange visitor visa can remain in the U.S. could also be disruptive of many residency programs. Under the amendments, the tme is now limited to two years (plus a third year if requested by the FMG's home government) while residencies in many specialties are of longer duration than three years. The result is to limit the options of the directors of residency program.

The AMA has consistently argued against any federal action that would have the effect of precipitously decreasing the immigration of FMGs. In testimony during the 94th Congress, we pointed out that the number of alien FMGs entering the U.S. was declining as the number of U.S. medical schools increased. These U.S. graduates would in time fill the residency positions taken by FMGs, gradually lessening our reliance on foreign physicians.

However, this process is and should be a gradual one. Time for transition should be allowed. On the contrary, the federal effort to rush this process was precipitous and now will potentially disrupt the entire process in many areas. Therefore, it is important for Congress to take steps to correct the present situation and to allow non-governmental factors to proceed unhindered.

RECOMMENDATIONS

Until some other examination is developed which has been found by the Secretary to be equivalent to parts I and II of NBME, ECFMG certification or the FLEX exam should be considered equivalent. This will prevent disruption of medical services and graduate medical education on July 1, 1977, and continue a program that has successfully certified FMGs since 1958.

Provisions should also be made to continue the long-standing exchange of alien FMGs to U.S. medical educational institutions for special education programs. Many of these programs are of one to two years' duration and are offered to persons who have neither the readiness nor the need to complete successfully parts I and II of the NBME exam for purposes of education or safety of U.S. patients. Appropriate changes to the law will be needed to continue the admission of this smaller but important group of alien FMGs to special educational programs offered by accredited U.S. institutions.

Provisions should also be made for distinguished foreign clinicians to come to the United States to teach and to learn through the care of patients. This would apply to those who come to learn a special surgical technique, for example, or teach one. The United States has benefited greatly from this exchange. To discontinue it would be a great loss to medical education and health care in this country.

Arrangements also should be made to allow FMGs to participate in graduate medical education lasting longer than three years. An amendment might be considered whereby the FMG is granted a visa for the duration of the program in the area chosen. This would insure that the widest possible educational options are available.

CONCLUSION

The AMA urges Congress to modify the present strict provisions of Title VI limiting FMG's entrance to the U.S. for residency training. The contribution of FMGs to medical care in this country has been great and should not be lost. Those FMGs who have trained in the U.S. have also made significant contributions to the health of their countrymen upon their return home. This opportunity should not be lost through an over-restrictive immigration policy.

The American Medical Association urges the Congress to amend Title VI of Public Law 94-484 in accordance with our suggestions.

AGREEMENT BETWEEN THE GOVERNMENT OF THE UNITED STATES OF AMERICA AND THE GOVERNMENT OF THE ARAB REPUBLIC OF EGYPT ON HEALTH COOPERATION

The Government of the Arab Republic of Egypt and the Government of the United States of America.

Desiring to strengthen the friendly relations between the peoples of the Arab Republic of Egypt, and of the United States of America.

Willing to further development of the established cooperation in the fields of public health between the two countries, and,

Proceeding from the studies and discussions that took place between representatives of the two Governments in meetings of the Joint Working Group on Medical Cooperation in Cairo in October, 1974 and in Washington in July, 1975; and from the meetings and discussions that have taken place between specialists and experts from both sides:

Have agreed as follows:

ARTICLE 1

Purpose and Implementation

1. The Government of the Arab Republic of Egypt (the A.R.E.) and the Government of the United States of America (the U.S.) (hereinafter referred to as the Parties) shall continue the development of a cooperative program between them, based on jointly agreed technical and fiscal plans in accordance with this Agreement. Cooperation under this Agreement shall be subject to the Parties' legal and administrative requirements and to the availability of appropriated funds.

2. In order to achieve the purposes of this Agreement, the Parties shall utilize a variety of resources. These may include, as appropriate, materials, facilities and health manpower provided by the A.R.E. within Egypt; and fellowships for training, equipment for research and other project areas, and funds as mutually agreed provided by the U.S.

3. The Parties shall utilize appropriate methods to accomplish the purposes of this Agreement, including exchange of information, sharing technical experts and consultants, conferences, and training courses, in accordance with the provisions of this Agreement.

ARTICLE II

Coordination

1. The Joint Working Group on Medical Cooperation, established pursuant to the Principles of Relations and Cooperation between Egypt and the U.S. signed on June 14, 1974, shall be responsible for overseeing the implementation of this Agreement. The Joint Working Group shall approve measures and programs for cooperation, designate the participating organizations responsible for the realization of these programs, and make recommendations as appropriate to the Parties.

2. The A.R.E. will designate an Undersecretary of Health, and the U.S. a person of comparable rank, to serve as coordinator for the purposes of this Agreement. The coordinators shall be responsible for the follow-up, evaluation and further development of bilateral cooperation between meetings of the Joint Working Group on Medical Cooperation.

3. The coordinators shall meet at least once annually, coordinating their actions with their respective embassies in Cairo and Washington. The date and place of their meetings shall be determined by agreement between them.

ARTICLE III

Medical Research

1. The Parties shall continue their support of existing medical research activities in fields of mutual agreement.

2. The Parties agree to establish a Sub-committee on Biomedical Research which will be responsible for policy development and the coordination of joint medical research activities. The Sub-committee will develop an annual plan of work which will specify the joint research projects agreed upon. The Sub-committee will develop an ongoing mechanism to provide for review and evaluation of collaborative research undertaken pursuant to this Agreement.

ARTICLE IV

Schistosomiasis

1. The Parties have agreed to cosponsor with the World Health Organization and the United Nations Environment Program an International Conference on Schistosomiasis, which was held in Cairo in October 1975. This Conference endeavored to delineate strategies for controlling Schistosomiasis and that research needed to meet this end.

2. The Parties shall cooperate in the assessment of the problem of Schistosomiasis in Egypt.

3. The Parties shall cooperate in studying methods for control of the intermediate snail hosts carrying Schistosomiasis including toxicity studies of molluscicides, and in developing and improving methods for the diagnosis, treatment, prevention and control of Schistosomiasis. They will consult concerning these agreed cooperative programs, and will exchange relevant experiences.

4. The Parties agree that the primary goal of cooperation under this Article is to advance scientific knowledge for the control of Schistosomiasis in Egypt, but they recognize that a suitable model of action for other countries and international organizations in this complex field may result.

ARTICLE V

Health Manpower Development and Medical Education

1. Both Parties shall cooperate in mapping the location of health manpower in Egypt, and in forecasting needs in the Egyptian health sector for qualified professional and auxiliary personnel.

2. The Parties shall study health manpower training facilities in both countries, including curricula and curriculum development, to identify facilities and curricula to support health manpower development. They shall cooperate in the development of Egyptian training capabilities to enhance the capacity to produce needed health personnel of appropriate quantity and quality.

3. The Parties shall cooperate in reviewing the need for upgrading of the major preventative and curative health units in Egypt so that such units may serve more efficiently as training centers for different categories of health personnel.

4. The Parties shall cooperate in the field of medical education. Experience and knowledge will be shared to review curricula, educational techniques, library service and other relevant subjects. Special emphasis will be given to strengthen-service and other relevant subjects. Special emphasis will be given to strengthening curriculum development related to health administration, organization, planning, and health economics in educational and training courses for appropriate personnel in Egypt.

ARTICLE VI

Drugs and Medical Supplies and Equipment

1. Both Parties shall exchange data and information about their respective facilities for research, production, quality control and marketing of drugs and medical supplies.

2. The Parties shall cooperate in reviewing manufacturing practices and procedures for quality control of drugs in Egypt, to permit the upgrading of such practices and procedures to levels consistent with currently accepted standards of technology.

3. The Parties shall organize training programs and seminars in Egypt for those working in the fields of pharmaceutical drug research, production and quality control.

4. The Parties shall encourage joint ventures in the production of drugs, medical supplies and equipment by facilitating communications between agencies and production firms in both countries, consistent with their respective laws and regulatons.

ARTICLE VII

Sera, Vaccines and Biological Products

1. The Parties shall cooperate in the fields of sera, vaccines and biological products. Such cooperation shall concentrate on virus and bacterial vaccines, preventive and therapeutic sera, diagnostic antigens and sera, and plasma and other blood derivatives. Both Parties will cooperate in the development of studies related to immunity and sensitivity.

2. The Parties shall cooperate in reviewing techniques of experimental animal production and maintenance. Assistance will be provided to Egyptian experimental animal laboratories in order to further development and upgrading necessary to meet the needs of the Egyptian health sector.

ARTICLE VIII

Environmental Health

1. The Parties shall cooperate in the field of environmental health including the development of a system for monitoring pollution in air, food, water and soil in Egypt, and the preparation of a plan for the prevention of environmental pollution as future development of the rural and urban environment occurs.

2. The United States will provide technical consultation for the design and planning of an environmental health research center.

3. The Parties agree to review potable water supply systems in Egypt in order to consider the development of studies and projects related to the impact of such systems on community health maintenance levels. Vector-borne disease control also will be considered.

ARTICLE IX

Casualties and Medical Emergencies

1. The Parties shall exchange data and information about methods of establishing community emergency medical services with special emphasis on new developments and modern technology.

2. Both Parties shall exchange experts in this field to facilitate the formulation of a plan of action for development of the Egyptian system of emergency medical services.

3. The process of development of that system will begin in the greater Cairo area, to establish as early as possible a modern and up-to-date medical emergency system.

ARTICLE X

Health Services and Family Planning

1. The Parties agree to cooperate in health services planning activities of mutual concern to the A.R.E. and the U.S. They shall seek to determine how available resources can be utilized most effectively to strengthen the health sector in Egypt. Emphasis will be given to rural health services, emergency medical service systems, health facility and resource planning, health manpower needs, and health information system development.

2. The Parties also agree to examine the following areas of health and medical needs: intensive care units, treatment of kidney diseases, prematurity, mental and behavioral disorders, drug addiction, rehabilitation, and care of handicapped children.

3. The Parties recognize the special health problems associated with the rapidly increasing population in Egypt and agree to give special attention to family planning and alternative programs to deal with this problem.

4. The Parties shall study the status of these health problems in Egypt, assessing the needs of the health sector for research and service in these areas.

ARTICLE XI

Cancer

1. The Parties shall cooperate in assessing the dimension of the problem of cancer in Egypt.

2. The Parties shall cooperate in developing a plan of action for research, diagnosis and treatment of cancer in Egypt and exchange experience in these fields.

3. Research activities under taken pursuant to this Article will be incorporated in the annual plan of work for medical research prepared by the Sub-committee on Biomedical Research established under Article III.

ARTICLE XII

Biomedical Information

1. Both Parties recognize that biomedical information is necessary component of biomedical research, education, and the delivery of health services.

2. The Parties agree to explore cooperative arrangements which will result in improved biomedical communications between and within both countries. In particular, they will share experiences relating to the development of a national biomedical information resource and an operational national medical library system.

ARTICLE XIII

History of Medicine and Pharmacy

1. Both Parties shall cooperate in study and further recording the history of medicine and pharmacy in the Ancient Egyptian and old Arabic eras.

2. Both Parties shall encourage scientific cooperation between medical museums in the two countries and in particular between the Medical Museum of Sakakini in Cairo and the Medical Museum of Alexandria from the Egyptian side and the Museum of History and Technology of the Smithsonian Institution in Washington, and the Museum of Surgical Sciences, Chicago, from the United States side.

3. The A.R.E. shall grant to the Museum of Surgical Sciences, Chicago, the items mentioned in Annex I of this Agreement.

ARTICLE XIV

Naval Medical Research Unit

Both Parties agree to support the Naval Medical Research Unit (NAMRU III), in order to facilitate continuation and expansion of its activities in the fields of research and training. They agree that a new agreement concerning NAMRU III should be concluded as soon as possible.

ARTICLE XV

This Agreement shall enter into force provisionally upon signature and finally from the date of exchange of diplomatic notes between the countries notifying the completion of the constitutional procedures required in each country. It shall remain in force for five years from the date of signature unless terminated sooner by mutual agreement or by either party upon six months notice to the other. It may be extended for each further five year periods as may be agreed by the parties.

Done at Washington this 28th day of October 1975.

For the Government of the United States of America :

HENRY A. KISSINGER.

For the Government of the Arab Republic of Egypt :

ISMIAL FAHMI.

ANNEX I

ITEMS GRANTED MUSEUM OF SURGICAL SCIENCES, CHICAGO

1. Statute of Avicenna.
2. Statue of Rhazy.
3. Statue of Zahrawy.
4. Statute of Dr. Aly Pacha Ibrahim.
5. Statue of Imhateh.
6. Statue of Te-Ankk-Ra.
7. Painting of Ibn El Nafis.
8. Painting of Ibn Baktaishu.
9. Painting of Rhazy.
10. Painting of Kalawoon Asylum.
11. Painting of a poliomyelitis case.
12. Painting of El Darry Pasha.
13. Painting of fractured clavicle in Ancient Egyptian era.
14. Picture of Edwin Smith Papyrus.
15. Picture of a sculpture showing circumcision operation.
16. Picture of a sculpture showing some surgical instruments.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
PUBLIC HEALTH SERVICE,
Bethesda, Md., April 18, 1977.

Hon. JOSHUA EILBERG,
Chairman, Subcommittee on Immigration, Citizenship, and International Law, House Judiciary Committee, Washington, D.C.

DEAR MR. EILBERG: As requested by Mr. Arthur P. Endres, Counsel for the Subcommittee on Immigration, Citizenship, and International Law, information regarding Indochina refugee physicians eligible for placement in graduate medical education positions has been collected.

The names and addresses of qualified Vietnamese physicians who had not found placement in residency programs as of April 1 are enclosed. Also enclosed are the names of Vietnamese physicians who withdrew from the National Interns and Residents Matching Program (NIRMP). It is possible that those physicians were placed before the match. On the other hand, it is also possible that they withdrew for other reasons and have not been placed. The present situation of those physicians can only be determined by contacting them individually.

I hope this information will be of use to your Committee. We will be more than happy to provide additional information and offer further assistance in placing these qualified physicians in areas where their services can be used.

Sincerely yours,

BETTY A. LOCKETT, PH. D.
Chief, International Programs Staff, Division of Medicine.

Enclosure.

AMERICAN COUNCIL FOR EMIGRÉS IN THE PROFESSIONS, INC.,
New York, N.Y., April 6, 1977.

ELIZABETH LOCKETT, PH. D.,
Chief, International Program Staff,
Division of Medicine.

DEAR DOCTOR LOCKETT: Per Mrs. Parker's request, I am forwarding to you today a list of the Vietnamese physicians who have registered with this office and who have not, to the best of our recent knowledge, been able to find jobs for July, although they are ECMFG Certified. We have done our best to make referrals but despite our efforts have been unable in most cases to set up appointments.

As Jeanette Raynor suggested, I was in touch both with Doctor Ahn at the University of Oklahoma and with Doctor Faith at the University of Nebraska. Both have indicated that they are having the same problems although they have many more physicians. Doctor Ahn informed me that he knows of forty-four in the same predicament and I believe Doctor Faith has around thirty. The situation is certainly very grave and I do hope that these people can be found slots in medicine come July. To think that these individuals such as Doctor Doan may be working in jobs as busboys and other inappropriate positions is most disheartening.

I enjoyed having the chance to speak with you in Boston and would appreciate your keeping us posted on the situation with respect to the Vietnamese.

With best wishes.
Sincerely yours,

CYNTHIA MARTIN.

Enclosure.

WITHOUT JULY 1 APPOINTMENTS AS OF APRIL 6, 1977

Name, address and comments

Dang, Tran Hoang, P.O. Box 173, Storrs, Conn.
Doan, Nha, 5125 Wayne Avenue, Philadelphia, Pa.—Work as busboy.
Ky, Than, 124 82nd Avenue, Kew Gardens, N.Y.—63/looks younger full time 9 months in ACEP HEW course.
Nguyen, Chung, 4204 North Franklin Street, Philadelphia, Pa.—Work Geriatric Central. No response our follow-up of 3/17/77.
Nguyen, Huan Huu, 60 Brookside Avenue, 13B, Somerville, N.J.
Nguyen, Thi Nhi (wife of Dang Tran Hoang), P.O. Box 173, Storrs, Conn.
Nguyen, Thuan, 1137 N. Westmoreland Ave., No. 6, Los Angeles, Calif.—Counselor/HE
Mai, Su, 20909 Norwalk Boulevard, No. 18, Lakewood, Calif.—No response to follow-up of 3/17/77.
Pham, An Ngoc, Marine View Plaza No. 2, No. 36–A, Third Street & Hudson Street, Hoboken, N.J.
Ta, Luyen V., 6034 Linglestown Road, Harrisburg, Pa.
Vi, Tuong (wife of Luyen V. Ta), 6034 Linglestown Road, Harrisburg, Pa.
Le, Qui Tu, 46 Gaston Avenue, Raritan, N.J.

INFORMATION ON NATIONAL INTERN AND RESIDENT MATCHING PROGRAM EVANSTON, ILL.

Vietnamese: 100 enrolled, 28 matched, 27 withdrew, and 45 did not match.

VIETNAMESE DOCTORS WHO DID NOT MATCH IN THE 1977 PROGRAM

Dr. Lan H. Bui, 7208 Jennings Street, Spartanburg, S.C.
Dr. Phuoc H. Bui, 13800 Orange Avenue, Space 39, Paramount, Calif.
Dr. Kiet Van Chau, 625 N. Hager, San Fernando, Calif.
Dr. Phu Chung Chu, 2244 C Liliha Street, Honolulu, Hawaii.
Dr. Tuong Vi Conghuyentonnu, P.O. Box 102, Millry, Ala.
Dr. Minh N. Dang, 5631 Aldama Street, Los Angeles, Calif.
Dr. Vuong Dang, Missouri State Chest Hospital, Box 35, Mount Vernon, Mo.
Dr. Lan Dao, 4201 North Youngs, Apt. 104, Oklahoma City, Okla.
Dr. Son Duc Dao, 5125 Wayne Ave., Philadelphia, Pa.

Dr. Anh T. Do, 225 Charter Oak Ave., San Francisco, Calif.
Dr. NHA Doan, 5125 Wayne Ave., Philadelphia, Pa.
Dr. Diep T. N. Duong, 800 Hyde Park Ave., Number 39, Boston, Mass.
Dr. Hai P. Giap, 2715 S. Walter Reed Dr., No. 2, Arlington, Va.
Dr. Minh-Tho Huynh, 5804 Fifth Ave., Apt. 37, Pittsburgh, Pa.
Dr. Chau M. Le, 1924 Northwest 38th Street, Oklahoma City, Okla.
Dr. Hieu T. Le, 614 6th Ave. N., Apt. 22, Edmonds, Wash.
Dr. Phap H. Le, 1218 Huntington St., Salinas, Calif.
Dr. Tuan Le, 847 E. Ohio Avenue, Escondido, Calif.
Dr. Dang Huy Luu, 103 E. Vance Road, Oak Ridge, Tenn.
Dr. Tra Mi T. Luu, 1601 4th South Street, Apt. F-1204, Minneeapolis, Minn.
Dr. Huc X Nghiem, 1519-1521 NW. 18th St., Oklahoma City, Okla.
Dr. Can T. Ngo, 94220 Waipahu St., Waipahu, Hawaii.
Dr. Khanh T. Ngo, 135½ Third Ave. (East), Escondido, Calif.
Dr. Hai Nguyen, 1714 N. Lindsay No. 2, Oklahoma City, Okla.
Dr. Nhuan T. Nguyen, 213 North Spring St., Franklin Grove, Ill.
Dr. Thuan V. Nguyen, 1137 N. Westmoreland Ave. No. 3, Los Angeles, Calif.
Dr. Thuy N. Nguyen, 1356 Lynn St., Woodbridge, Va.
Dr. Thuy Nguyen, 25144 Barton Road, Loma Linda, Calif.
Dr. Tra Nguyen, 219 North James Road No. D, Columbus, Ohio.
Dr. Vong H. Nguyen, 38 Seventh St., Buffalo, N.Y.
Dr. Lac Hong Pham, 1251 Bear Lake Road, Apopka, Fla.
Dr. Liem H. Pham, 450 75th Ave., NE., Apt. No. 11, Fridley, Minn.
Dr. Tien N. Pham, 2412 Fritts Lane, Springfield, Mo.
Dr. Truong Q. Pham, 805 Starmount Circle, Wilson, N.C.
Dr. Mui D. Pho, 800 First Capitol Drive, St. Charles, Mo.
Dr. Nguyen Dinh Phung, 7722 Enfield Ave., Apt. 202, Norfolk, Va.
Dr. Nguyen G. Quynh, 6835 Marcile Ave., Glendora, Calif.
Dr. Lnyen V. Ta, P.O. Box 102, Millry, Ala.
Dr. Hieu T. Truong, 2102 Valley View, Cooper, Tex.
Dr. Cong T. Vo, 1351 Maryland Ave. E., No. 2, St. Paul, Minn.
Dr. Han V. Vo, 20909 Norwalk Blvd. Apt. No. 17, Lakewood, Calif.
Dr. Van Kim Vo, 4204 North Franklin St., Philaoelphia, Pa.
Dr. Cuong T. Vu, 2443 Grays Ferry Ave., Philadelphia, Pa.
Dr. Hoat Vu, 8477 Brookside Court, Box 262, Millington, Mich.
Dr. Phat Vuong Ngoc, 55 Rue Vaneau, 75007 Paris, France.

VIETNAMESE DOCTORS WHO WITHDREW FROM THE MATCH

Dr. Liem Bui, 202 S. Ringgold Street, West Columbia, Tex.
Dr. Minh Q. Bui, 7206 Jennings Street, Spartanburg, S.C.
Dr. Quynh T. Dinh, 416 South Calle Encilia No. 203, Palm Springs, Calif.
Dr. Thien T. Doan, 5115 Pulaski Ave., Philadelphia, Pa.
Dr. Minh Vuong Ho, 171 Palomar Street, Apt. 269, Chula Vista, Calif.
Dr. Tran-To My, 596 Jourdan Street, Maison de L'Asie Du Sud Est, Paris, France.
Dr. Quat Ngo, 705 South Washington, Knob Noster, Mo.
Dr. Thuan D. Ngo, 4205 West Grace St., Richmond, Va.
Dr. Chung T. Nguyen, 4204 North Franklin St., Philadelphia, Pa.
Dr. Giang T. Nguyen, 235 Broadhead Ave., First Floor, Jamestown, N.Y.
Dr. Loi D. Nguyen, [illegible] Monroe Street, Charleston, Ill.
Dr. Ngoc-Dier T. Nguyen, 202 South Ringgold Street, West Columbia, Tex.
Dr. Nhu-Vong Nguyen, 905 King Street, Box 782, Gruver, Tex
Dr. Tu H. Nguyen, 800 S. Bzeenbrier St., No. 8, Arlington, Va.
Dr. Ty Van Nguyen, 16 Dakin Ave., Mount Kisco, N.Y.
Dr. Van T. Nguyen, 614 Elk Street, Beatrice, Nebr.
Dr. Diem Quynh T. Phung, 2055 Nuuanu Ave., No. 402, Honolulu, Hawaii.
Dr. Co B. Tran, P.O. Box 737, Tenaha, Tex.
Dr. Tong M. Tran, 4206 Frankford, Oklahoma City, Okla.
Dr. Phay Tu, 900 Elm St., Apt. 202, Graham, Tex.
Dr. Tran M. Tuon[illegible] 1411 Spencer Drive, Augusta, Kans.
Dr. Nghia M. Vo, 46 Faire Harbour Pl., New London, Conn.
Dr. Boi X. Vu, P.O. Box 737, Tenaha, Tex.
Dr. Niem K. Vu, 707 East Ninth St., Apt. A, Bonham, Tex.
Dr. Hau D. Vuong, 1531 N. Serrano Ave. No. 3, Hollywood, Calif.

Subcommittee on Immigration, Citizenship and
International Law,
U.S. House of Representatives,
Washington, D.C., January 26, 1978.

Dr. Ray L. Casterline,
Educational Commission for Foreign Medical Graduates, Philadelphia, Pa.

Dear Dr. Casterline: I am sure you are aware of my continuing interest in the recent amendments to the Immigration and Nationality Act concerning the admission of foreign medical graduates, and I am writing to request a report from you on the results of the Visa Qualifying Examination which was given for the first time in September.

Some reports I have received indicate that the pass rate was considerably higher than anticipated, but on the other hand, I have also received requests for further amendatory legislation. One of the issues raised is the inability of eminently qualified doctors who have been practicing medicine for ten or twelve years but have not been successful in passing the examination. The allegations presented to me indicate that this is due to the fact that one-half of the VQE is comprised of basic science questions which could be answered only by someone graduating from a medical school in the United States within the last two years. If it is possible to comment on that point from records available to you, I will appreciate receiving your views on that matter.

With kindest personal regards,

Sincerely,

Joshua Eilberg, *Chairman.*

Educational Commission for
Foreign Medical Graduates,
Philadelphia, Pa., March 8, 1978.

Hon. Joshua Eilberg,
Chairman, Subcommittee on Immigration, Citizenship and International Law, Judiciary Committee of the House, U.S. House of Representatives, Rayburn Office Building, Washington, D.C.

Dear Congressman Eilberg: This is in response to your request for a report regarding the results of the September 7–8, 1977 Visa Qualifying Examination (VQE).

The 1977 VQE was administered in the United States in New York, Chicago, New Orleans, El Paso, Texas, and Los Angeles; in Toronto, Ontario and Vancouver, British Columbia, Canada; and twenty other centers throughout the world. A total 6,112 candidates were registered for the 1977 VQE and 4,611 ultimately took the examination. Of those, 1,163 or 25% passed both days. However, 277 of those did not meet, at that time, all of the requirements regarding English proficiency or the authentication of their medical educational credentials for VQE purposes.

In looking separately at the performance of candidates on the basic sciences (Day I) and clinical sciences (Day II): on the clinical sciences portion, 3,106 or 67% of all examinees passed but 1,943 of this group failed the basic sciences portion. Stated differently, 42% of the total group passed the clinical sciences portion and failed the basic sciences portion of the examination. All of those who passed the basic sciences portion also passed the clinical sciences. Thus, the 25% pass rate on the total test is exactly the same as the success rate on the basic science portion alone.

I have attached a photocopy of my March 24, 1977 letter, summarizing and supplementing the background materials regarding the Educational Commission for Foreign Medical Graduates which had been then-recently assembled and submitted to the members of the Subcommittee on Immigration, Citizenship and International Law of the Judiciary Committee of the House. On page 3 of that letter, you will find that I projected it would be quite unlikely that more than 20% of the people who took the VQE would pass the examination. As it developed, my predictions were somewhat overly optimistic in potential numbers of examinees and too pessimistic in the pass rate. However, I believe it is important to recognize that the pass rate on the first examination may have been somewhat higher than we can expect on future VQE's. I would attribute this to factors such as the self-selection of candidates and apparent limited knowledge of the availability of the examination, despite our efforts to distribute informational materials widely—nearly 100,000 information booklets and applications to U.S. foreign service posts throughout the world and in response to individual requests.

In your letter, you commented that you had learned of the "inability of eminently qualified doctors who have been practicing medicine for ten or twelve years but have not been successful in passing the examination . . ." You also pointed out allegations which you had heard that, since one-half of the VQE is comprised of basic science questions, only recent graduates of medical schools in the United States would be expected to pass the examination.

In the next to the last paragraph on page 2 of my March 24, 1977 letter, I discussed the minimum passing score that is required to pass National Board examinations. You will note that for Part I (basic sciences) the minimum passing standard score is 380 whereas for Part II (clinical sciences) the minimum passing standard score is 290. Importantly, the National Board Part I examination usually is taken by second year medical students and the Part II examination by fourth year medical students (in United States medical schools). Therefore, it was to be expected that the National Board Part I questions, which are prepared for second year medical students actively involved in the study of the basic sciences, would be a great deal more difficult for individuals who had completed their medical education, were no longer actively involved in the study of the basic sciences, but concentrating on the application of the basic and clinical sciences in a clinical training environment, or in the practice of medicine. I believe that is why 67% of the examinees passed the clinical sciences and only 25% the basic sciences portion of the 1977 VQE.

Although I was somewhat optimistic regarding the number of applicants and, perhaps somewhat pessimistic regarding the overall pass rate on the 1977 VQE, I cannot say that I was surprised by the results.

In January 1978, we began the distribution of information booklets and application forms for the September 6–7, 1978 VQE. At present, I project a somewhat larger number of applicants and a somewhat lower pass rate on the 1978 VQE, than on the 1977 examination.

I have attached a copy of the 1978 Visa Qualifying Examination Information Booklet and a copy of the materials that were widely distributed throughout the world to inform potential VQE applicants about the special administration of the ECFMG English test to enable them to meet the English language prerequisite, for the 1978 VQE.

Also, I have attached a copy of a form letter (Form 805/October 1977) that was mailed to those who failed the 1977 VQE. That letter was mailed to all examinees who did not meet the VQE examination requirements during the 1977 examination. Included in that letter are policy statements regarding the need for applicants to maintain proficiency in English by meeting the requirements every two years and, the limited "life span" of the validity of a passing score on Day II for applicants who failed the Day I basic sciences portion.

If you have questions regarding the Visa Qualifying Examination that remain unanswered, or if I may provide additional information to you or to the Committee rgarding the results of the 1977 VQE, or planning now under way for the 1978 VQE, please do not hesitate to communicate with me. We have a great deal more statistical information regarding the applicants for the 1977 VQE and their performance on that examination. Likewise, in my comments regarding the policy issues that relate so closely to the administration of the VQE, I have not set out the rationale in detail.

I will be pleased to provide you and the other members of the Subcommittee on Immigration, Citizenship, and International Law of the Judiciary Committee of the House additional information, should you wish to explore the subject in greater depth.

Sincerely,

RAY L. CASTERLINE, M.D., *Executive Director.*

NATIONAL BOARD OF MEDICAL EXAMINERS

INFORMATION FOR THOSE WHO DID NOT MEET THE REQUIREMENTS OF THE 1977 VISA QUALIFYING EXAMINATION (VQE)

REQUIRED NEXT STEPS IF YOU WISH TO REPEAT THE VQE

If you failed both the basic science (Day 1) and the clinical science (Day 2) portions of VQE, the entire two-day examination must be repeated.

If you failed only Day 1 or only Day 2, you will be allowed to repeat only the portion failed. However, if you do not pass that portion within two years of the original test date, the entire two-day examination must be repeated.

To be eligible to repeat VQE, either in part or total, you must have met the English language requirement no more than two years prior to the deadline for the receipt of applications for the repeat examination.

REQUIRED NEXT STEPS TO MEET THE LANGUAGE REQUIREMENT

If you passed Day 1 and Day 2 of the 1977 VQE but failed to meet the English language requirement, you must meet that requirement no later than September 8, 1979, or repeat the entire VQE.

SCORING PROCEDURES FOR VQE

As explained in the VQE Information Booklet, to be successful on VQE, a passing level of performance must be achieved on Day 1 and Day 2 of the examination. Performance is linked to the performance of American medical students on the same questions. The standards for passing Day 1 and Day 2 of VQE are identical to those that would be required of American medical students if they were to take the same examination.

Level of performance on VQE, other than pass or fail, is of no significance in obtaining a visa or a position in a training program. Therefore, as previously announced, numerical scores are NOT available, either to examinees or to any agency.

1978 INFORMATION BOOKLET

The information booklet and application form for the September 1978 VQE will be available from the office of the Educational Commission for Foreign Medical Graduates (ECFMG), 3624 Market Street, Philadelphia, Pennsylvania 19104, after January 31, 1978.

All communications regarding VQE should be directed to the ECFMG office.

Form 805
Oct. '77

INFORMATION BOOKLET

VISA QUALIFYING EXAMINATION 1978

Developed
by
NATIONAL BOARD OF MEDICAL EXAMINERS

Administered by

EDUCATIONAL COMMISSION FOR FOREIGN
MEDICAL GRADUATES

Examination Date
September 6-7, 1978

Application Must be Received at ECFMG Office
Not Later Than
May 17, 1978

For additional copies and application forms write ECFMG
3824 Market St., Philadelphia, Pa. 19104, U.S.A.
Telephone: Area Code 215: 386-5900
Cable: EDCOUNCIL, Philadelphia, Pennsylvania, U.S.A.

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VISA QUALIFYING EXAMINATION 1978

Several of the 1976 and 1977 amendments to the Immigration and Nationality Act established new requirements for the admission of alien physicians to the United States to perform medical services, or to receive graduate medical education and training. The provisions of these amendments, which affect primarily the entry of alien graduates of foreign medical schools, require them to pass the National Board of Medical Examiners Part I and Part II examinations (or an equivalent examination as determined by the Secretary of Health, Education, and Welfare) and to be competent in oral and written English.

By policy of the National Board of Medical Examiners (NBME), graduates of medical schools that are located outside the United States and Canada are not eligible to take the NBME Part I and Part II examinations, although a limited number of students who apply for transfer into United States medical schools are admitted to Part I examinations for evaluation.

The Secretary of Health, Education, and Welfare has determined that a special two-day examination, which was developed and offered by the National Board of Medical Examiners, and composed of approximately equal proportions of basic science and clinical science test items in their customary multiple-choice format, is equivalent to the National Board Part I and Part II examinations *for the purpose of the law.* Since it is necessary for most alien physicians to pass the special two-day examination as one of the requirements to obtain a visa to enter the United States, the examination has become known as the Visa Qualifying Examination (VQE).

The National Board of Medical Examiners and the Educational Commission for Foreign Medical Graduates (ECFMG) are cooperating in the administration of the VQE. We expect to administer the *second annual* Visa Qualifying Examination at a limited number of examination centers throughout the world on September 6-7, 1978.

All communication regarding the Visa Qualifying Examination should be directed to ECFMG.

ECFMG does not have the authority to determine whether or not alien physicians are required to take the VQE. Such decisions must be made by officials in the visa sections of United States consular or diplomatic posts abroad, or at district offices of the Immigration and Naturalization Service in the United States.

Importantly, for *all* foreign medical graduates, ECFMG certification is required by accredited residency training programs and facilitates obtaining a license to practice medicine in most states in the United States. For further information about ECFMG certification, please see page 24.

English Language Requirement

In order to be eligible for admission to the Visa Qualifying Examination, applicants must meet the English requirement no more than two years prior to the deadline for receipt of applications for the VQE.

For the September 6-7, 1978 VQE, applicants must have passed an ECFMG English test, or demonstrated performance acceptable to ECFMG on Test of English as a Foreign Language (TOEFL), not earlier than May 17, 1976 and no later than May 17, 1978. ECFMG does not expect to administer an English test with the 1978 VQE.

Special Administration of ECFMG English Test

ECFMG English tests are given regularly in January and July of each year. In addition, on April 5, 1978, ECFMG will hold a special administration of the ECFMG English test. The *deadline* for receipt of applications for this *English test is February 8, 1978.*

Applicants who have not previously qualified in English can satisfy the English language prerequisite for admission to the September 1978 VQE by passing the January or April 1978 ECFMG English test, or demonstrating performance satisfactory to ECFMG on a Test of English as a Foreign Language (TOEFL) taken no later than February 1978.

Test of English as a Foreign Language (TOEFL)

In fairness to all applicants, the only alternate English proficiency test which ECFMG will accept is TOEFL (Test of English as a Foreign Language) which is given frequently in many centers throughout the world. **Please note: ECFMG cannot evaluate your performance on TOEFL unless you have previously taken an ECFMG English test.** TOEFL must be taken at a regularly scheduled international administration (February, April, June, September, December).

Importantly, score reports of applicants who take the April 1978 TOEFL will *not* be available early enough for ECFMG to evaluate them to meet the May 17, 1978 deadline for receipt of applications for the September 1978 VQE. For additional information about ECFMG English tests, please write ECFMG.

Applicants who wish ECFMG to evaluate their TOEFL scores must: (1) have previously completed an ECFMG English test; (2) request the Educational Testing Service (ETS) to submit the official report of TOEFL scores directly to ECFMG in Philadelphia; and (3) write ECFMG immediately giving TOEFL registration number, TOEFL administration date, TOEFL center number, ECFMG number, full name as it will appear on the TOEFL score report, and address.

TOEFL scores are received in the ECFMG office approximately six weeks after the test date. Scores on all components of the examination are carefully evaluated, and applicants will be notified of the decision by mail as soon as possible. In some cases, however, a decision may be delayed until scores have been verified by ETS. Please note that ECFMG expects a minimum score of 55 in each of the areas covered on TOEFL. Applicants will incur a $25 charge for the acceptance of their performance on TOEFL in lieu of passing the ECFMG English test.

ECFMG cannot evaluate TOEFL scores unless the above instructions are followed exactly.

Additional information regarding TOEFL may be obtained by writing the Educational Testing Service, Princeton, New Jersey 08540 USA. Telephone: Area Code 609: 921-9000.

Educational Requirements

Applicants who wish to take the Visa Qualifying Examination must have completed the full medical curriculum in attendance at a medical school that is listed in the *World Directory of Medical Schools* at the time of graduation before they will be admitted to the examination. The directory which is published by the World Health Organization contains information supplied by the country concerned. (PLEASE NOTE: If an applicant's medical school is not listed in the current edition of the *World Directory of Medical Schools*, but will be listed in a future edition, write ECFMG for additional information.)

Applicants must have successfully completed the full medical curriculum prescribed by the medical school or by the country in which it is located.

The qualifications are listed by country on pages 9-11 as is the documentation that must be submitted to ECFMG, before applicants will be eligible to take VQE.

Ineligible Practitioners

Practitioners with the following qualifications are not eligible for admission to the VQE:

1. Graduates of schools in the British Commonwealth who hold the diploma of Licensed Medical Practitioner or Assistant Medical Practitioner or who have other medical qualifications that are not sufficient for registration with the General Medical Council of the United Kingdom;
2. Graduates of similar schools in other countries;
3. Graduates of departments or institutes of stomatology or hygiene (sanitation).

Application Procedures

An alien physician (foreign medical graduate) who wishes to take the VQE must make application to ECFMG on the prescribed Application for Visa Qualifying Examination (VQE). A postcard, letter or cablegram cannot be accepted in lieu of the regular application form.

The application form must not be used for any purpose except to apply for an examination. If applicants have submitted an application for the 1978 VQE, they must not use another application form to request a change of examination center, to notify ECFMG of a change of address, to accompany a payment, additional photographs or medical credentials.

An applicant may not be registered simultaneously for more than one center.

EACH APPLICANT MUST BE SURE THAT ALL REQUIRED PORTIONS OF THE APPLICATION FORM HAVE BEEN COMPLETED BEFORE IT IS SUBMITTED TO ECFMG.

IF AN APPLICATION IS DEFICIENT IN ANY RESPECT THE APPLICANT WILL BE NOTIFIED AS SOON AS POSSIBLE. SINCE APPROXIMATELY HALF OF ALL APPLICATIONS FOR A GIVEN EXAMINATION ARE RECEIVED DURING THE THREE WEEKS BEFORE THE DEADLINE DATE, AN APPLICANT WHOSE APPLICATION IS RECEIVED DURING THAT TIME SHOULD EXPECT A DELAY IN NOTIFICATION OF ANY DEFICIENCIES. THEREFORE, APPLICATION SHOULD BE MADE AS EARLY AS POSSIBLE.

Applicants must submit their completed applications for VQE directly to the Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pennsylvania 19104, U.S.A. Completed applications **MUST BE RECEIVED** in the ECFMG office no later than May 17, 1978. Applications received after that date will be processed if possible. However, it may not be possible to handle late applications.

Application for Examination

A *complete application* for VQE consists of ALL of the following items:

1. Both Part A and Part B of the Form 801, Application for Visa Qualifying Examination must be filled out completely. As noted on Part B, circled item ③ (Certification), the applicant must sign his full name in Latin characters on the indicated line, but only in the presence of a notary public, the Dean, Vice-Dean, or Registrar *only* of a medical school, First Class Magistrate, or a consular official, who *must* sign, date, and signify an official title on the indicated line.
   The form must be accompanied by three full-face recent photographs, about 3 x 2½ inches (about 7.5 x 6.0 cm). One photograph must be permanently attached to the indicated space on the application form. The notarial seal, stamp or signature of the medical school or consular official must cover a portion of both the attached photograph and the application form. These photographs are used solely for identification of applicants.

   An applicant who has previously applied to ECFMG and who has been assigned an ECFMG number, must enter that number on the application, and on any other material that is included with the application. It is especially important that the applicant's name and ECFMG number be shown on all communications to ECFMG and on all payments.

   If the first question on the application form is not answered, or if it is found that the question has not been answered correctly, the application will not be processed.

2. Form 802, Notice of Receipt of Application must accompany the application.
3. Applicants who have received the medical degree or qualification specified in the section "Documentation of Medical Credentials" on pages 9-11 must submit the documentation prescribed in that section. Undergraduates must submit the documentation prescribed in the section on page 11. Any document not in English *must* be accompanied by an official English translation (see page 9).
4. Payment of the required examination charge (see page 8).

Information for Applicants Who Wish to Repeat the Visa Qualifying Examination

Applicants who failed both the basic science (Day 1) and the clinical science (Day 2) portions of VQE, must repeat the entire two-day examination.

Applicants who failed only Day 1 or Day 2, will be allowed to repeat *only* the portion failed. However, applicants who do not pass that portion within two years of the original test date, must repeat the entire two-day examination.

ECFMG Applicant Number

The ECFMG applicant number is a permanent identification number. It must be used in all future communications with ECFMG, and must be entered on any subsequent application forms and on all payments submitted by or for the applicant. An applicant who has not previously applied to ECFMG will be assigned an ECFMG applicant number.

Applicant's Name

Applicants must use only one form of their name on their application for the 1978 VQE, any application necessary for reexamination and in all communications with ECFMG. Any request for change in name must be accompanied by a marriage certificate or other legal document such as a court order or attestation before a notary public or first-class magistrate and, if it is not in English, the document must be accompanied by an English translation (see requirements for English translations - page 9).

Applicant's Address

The address that is entered on the application form will be used in all communications until ECFMG receives notification *in writing* that the address has changed. It is important that an applicant notify ECFMG immediately of any further change of address.

Registration

When a completed application is received in the ECFMG office by the published deadline date, it is processed. The applicant is registered to take the examination in the examination center indicated unless:

(a) the application is grossly incomplete;

(b) the credentials are found to be deficient;
(c) the prescribed payment is not received;
(d) the center is overcrowded or otherwise not available.

Once an application is submitted, it may not be withdrawn. Likewise, an applicant may not cancel his registration. If for any reason an applicant who is duly registered for an examination fails to take it, the applicant will not be entitled to a refund of any portion of the examination charge.

Change of Examination Center

After an application for a specified examination has been submitted, a change in the selection of the examination center will be permitted unless the center requested is restricted or overcrowded. However, the request for change of examination center must be received in the ECFMG office not later than June 28, 1978 for the September 6-7, 1978 Visa Qualifying Examination. Payment of $50 must accompany the written request. Center change requests received after the printed deadline date cannot be honored.

A request for change of center must be made only by the applicant, by letter or telegram. An application form used for this purpose cannot be honored.

Examination Permit

An examination permit is mailed to each applicant who is duly registered, about three weeks before the date of the examination. *Individual permits cannot be issued earlier.* For additional information, see page 22.

SCHEDULE OF CHARGES FOR VQE*

Visa Qualifying Examination (VQE)	
Full Examination	$200.00
Day 1 only	175.00
Change of examination center	50.00
Evaluation of application of applicant found *ineligible* for admission to an examination	25.00

*Charges Subject to Change Without Notice

Payment for the Visa Qualifying Examination

Applicants applying for the Visa Qualifying Examination will be required to have cleared their VQE financial account or ECFMG will not allow them to take the VQE. Applicants who were registered for the 1977 VQE or the April 5, 1978 Special Administration of the ECFMG English Test but have not cleared their entire VQE balance must clear that balance before they can be registered for the 1978 VQE. Payment should accompany the application form, or be received in the ECFMG office not later than June 28, 1978.

Method of Payment

All checks, bank drafts, and money orders must be made payable to the Educational Commission for Foreign Medical Graduates (or ECFMG).

All payments from outside the United States must be made in United States funds, preferably through a United States bank. Because of the risk involved, payments should not be made in cash. Any cash payment is made at the risk of the sender. The applicant (ECFMG) number, if known, as well as the name, should be fully and accurately shown on all checks, bank drafts, UNESCO Coupons or money orders.

Refunds

A refund will be issued to applicants who have a credit balance in their ECFMG account upon their written request.

DOCUMENTATION OF MEDICAL CREDENTIALS

The following tabulation shows the medical credential qualification or qualifications that must be obtained by **graduates** of medical schools of various countries, and the documents that must be submitted to ECFMG before applicants will be eligible to take VQE.

The medical degree or other qualification required must be a photocopy of the actual document showing that the specified medical degree or qualification has been awarded. Any document not in English **must** be accompanied by an English translation, **prepared by** and certified to be correct by a government official, medical school official or other recognized translator. The translation must be signed and dated by the person who prepares it, and it should appear on official stationery.

Please also note that a certified English translation of any document alone is not acceptable, and a photocopy of a foreign document without a certified English translation is also not acceptable. Applicants may not prepare their own translations, even if they attest to the accuracy before one of the officials noted above.

A certificate **showing that an applicant has passed the final examinations is not acceptable in lieu of the diploma.** However, a "provisional" or "temporary" certificate, showing that an applicant has qualified for a diploma (even though it may not have been awarded) is acceptable for admission to VQE.

Country	Medical Degree or Other Qualifications Required*
Afghanistan	Doctor of Medicine diploma
Albania	Physician diploma
Algeria	Docteur en Medecine diploma
Angola	Licenciatura em Medicina diploma
Argentina	Medico diploma
Australia	M.B., B.S. diploma
Austria	Medicinae Universae Doctor diploma
Bangladesh	M.B., B.S. diploma
Belgium	Docteur en Medecine Chirurgie et Accouchements diploma or Dokter in de Genees-Heel-en Verloskunde diploma
Bolivia	Titulo de Medico Cirujano
Brazil	Doutor em Medicina or Medico diploma
Bulgaria	State Examination Certificate
Burma	M.B., B.S. diploma

Country	Medical Degree or Other Qualifications Required*
Cameroon	Docteur en Medecine diploma
Chile	Licenciado en Medicina or Titulo de Medico Cirujano
China (Taiwan)	B.M. or B.S.M. diploma
Colombia	Doctor en Medicina y Cirugia diploma
Costa Rica	Doctor en Medicina y Cirugia diploma
Cuba	Doctor en Medicina diploma
Czechoslovakia	Medicinae Universae Doctor or Promovany Lekar diploma
Denmark	Candidatus Medicinae et Chirurgiae diploma
Dominican Republic	Doctor en Medicina diploma
Ecuador	Doctor en Medicina y Cirugia diploma
Egyptian Arab Republic	M.B., Ch.B. diploma
El Salvador	Doctor en Medicina diploma
Ethiopia	Doctor of Medicine diploma
Fiji	Diploma of Surgery and Medicine
Finland	Licentiate in Medicine diploma
France	Docteur en Medecine diploma
German Democratic Republic	State Examination certificate
Germany, Federal Republic of	Approbation als Arzt Bestallung als Arzt
Ghana	M.B., Ch.B. diploma
Greece	Ptychion iatrikes diploma
Guatemala	Medico y Cirujano diploma
Guinea	Doctorat en Medecine diploma
Haiti	Docteur en Medecine diploma
Honduras	Doctor en Medicina y Cirugia diploma
H[illegible]g Kong	M.B., B.S. diploma
H[illegible]ngary	Doctor of Medicine diploma
Iceland	Candidatus Chirurgiae et Medicinae diploma
India	M.B., B.S. diploma
Indonesia	Doktor diploma
Iran	Doctor of Medicine diploma
Iraq	M.B., B.Ch. diploma
Ireland	M.B., B.Ch. diploma
Israel	Doctor of Medicine diploma
Italy	Laurea in Medicina e Chirurgia diploma
Ivory Coast	Docteur d'Etat en Medecine diploma
Jamaica	M.B., B.S. diploma
Japan	Igakushi (Bachelor of Medicine) diploma
Kenya	M.B., Ch.B. diploma
Khmer Republic (Cambodia)	Docteur en Medecine diploma
Korea, Republic of	Euihaksa (Bachelor of Medicine) diploma
Laos	Docteur en Medecine diploma
Lebanon	Doctor of Medicine diploma
Liberia	Doctor of Medicine diploma
Libyan Arab Republic	M.B., B.S. diploma
Madagascar	Docteur en Medecine diploma
Malaysia	M.B., B.S. diploma
Malta	Doctor of Medicine and Surgery diploma
Mexico	Titulo de Medico Cirujano or Acta de Examen Profesional for non-Mexican citizens
Mongolia	Medicinae Doctor diploma
Mor[illegible]	Docteur en Medecine diploma
Mozambique	Licencia[illegible] em Medicina diploma
Netherlands	Artsexamen certificate
New Zealand	M.B., Ch.B. diploma
Nicaragua	Doctor en Medicina y Cirugia diploma
Nigeria	M.B., B.S. diploma
Norway	Candidatus Medicinae certificate
Pakistan	M.B., B.S. diploma
Panama	Doctor en Medicina diploma
Papua New Guinea	M.B., B.S. diploma
Paraguay	Doctor en Medicina y Cirugia diploma
Peru	Medico Cirujano diploma
Philippines	Doctor of Medicine diploma
Poland	Doctor of Medicine or Lekarz diploma
Portugal	Licenciatura em Medicina diploma
Rhodesia	M.B., Ch.B. diploma
Romania	Medic diploma
Rwanda	Doctorat en Medecine diploma

*Subject to change without notice. ECFMG requires the credentials prescribed by the country in which a medical school is located.

Country	Medical Degree or Other Qualifications Required*
Saudi Arabia	M.B., B.S. diploma
Senegal	Doctorat d'Etat en Medecine diploma
Singapore	M.B., B.S. diploma
South Africa	M.B., ChB. diploma
Spain	Licenciado en Medicina y Cirugia diploma
Sri Lanka (Ceylon)	M.B., B.S. diploma
Sudan	M.B., B.S. diploma
Surinam	Geneesheer (Physician) diploma
Sweden	Lakarexamen certificate or Medicine Licentiat certi[illegible]ate
Switzerland	Diplome federal or Certificate d'Etudes Medicales
Syrian Arab Republic	M.D. or M.B., B.S. diploma
Tanzania, United Republic of	M.D. diploma
Thailand	Bachelor of Medicine diploma
Tunisia	Docteur en Medecine diploma
Turkey	Doctor of Medicine diploma
Ug[illegible]da	M.B., Ch.B. diploma
U[illegible]S.R.	Vrac diploma (General Therapeutists, Pediatricians only)
United Kingdom of Great Britain and Northern Ireland	M.B., Ch.B. diploma
Uruguay	Doctor en Medicina diploma
Venezuela	Medico Cirujano diploma
Viet Nam, Republic of	National Doctor of Medicine diploma
Yugoslavia	Lekar or Zdravnik diploma
Zaire (Congo)	Docteur en Medecine, Chirurgie et Accouchements diploma
Zambia	Medical diploma

*Subject to change without notice. ECFMG requires the credentials prescribed by the country in which a medical school is located.

Applicants with Incomplete Credentials
Undergraduate Physicians

Medical students may apply and be registered for the VQE, if they will complete their medical education in a medical school that is listed in the current edition of the *World Directory of Medical Schools*, prior to the date VQE will be administered (September 6-7, 1978). They may be admitted to the examination on the basis of the statements concerning their medical education status entered on their application forms, which the applicants must sign and swear to (or affirm) before a notary public, Dean, Vice Dean, or Registrar *Only* of a medical school, First-Class Magistrate, or a consular official.

Applicants who submit documentation that they have taken and passed their final medical examinations by the date of the VQE will also be admitted even though they will not receive their actual diploma until after the date of the VQE.

Applicants with Complete Credentials
Graduate Physicians

Applicants who are graduate physicians and who have received the medical degree or other qualifications prescribed on pages 9-11 must submit the complete documentation prescribed on those pages with applications for the VQE, unless those credentials are present in their ECFMG files.

Withholding of VQE Result Letters

VQE results will be withheld until an applicant submits a copy of the final medical diploma. If the final medical diploma will not be awarded for several months after graduation from medical school, ECFMG will consider, as a minimum, a certificate from a medical school official certifying that the applicant has passed the final medical examination. Any document not in English must be accompanied by an official English translation.

DESCRIPTION OF THE VQE

The Visa Qualifying Examination (VQE) is a two-day written examination developed and offered by the National Board of Medical Examiners to meet the requirements of the *Health Professions Educational Assistance Act of 1976* (United States Public Law 94-484). It is made up of approximately 950 questions of the multiple-choice format and is given ONLY in English.

Approximately 500 of the questions in the 1978 VQE are from the basic science disciplines of anatomy, behavioral sciences, biochemistry, microbiology, pathology, pharmacology, and physiology. The test includes approximately the same number of questions in each subject. The questions have been devised to test not only examinees' knowledge, but also subtle qualities of discrimination, judgment, and reasoning. Certain questions test examinees' recognition of the similarity or dissimilarity of diseases, drugs, and physiologic, behavioral, or pathologic processes. Other questions evaluate examinees' judgment as to whether cause and effect relationships exist. Descriptions of laboratory situations or problems presented in narrative, tabular, or graphic form are followed by a series of questions designed to determine examinees' knowledge and comprehension of the situation described.

Approximately 450 of the questions in the test are from the clinical science disciplines. Approximately the same number of questions are included from each of the following subjects: internal medicine, obstetrics and gynecology, pediatrics, preventive medicine and public health, psychiatry, and surgery. Each of the above subjects will include questions related to appropriate subspecialties in those clinical sciences. The questions are designed to cover a broad spectrum of knowledge in each of the clinical areas and are of the same form as those from the basic sciences. In addition to single questions the examination includes presentations of clinical problems in the form of case histories, charts, roentgenograms, photographs of gross or microscopic pathologic specimens, tables of laboratory data, and other graphic tabular materials. Several questions are asked regarding the interpretation of these materials as they relate to clinical problems. These sets of questions are designed to explore the extent of examinees' knowledge of clinical situations and to test ability to bring information from many different clinical and basic science areas to bear upon these situations.

All questions in the examination have been written by test committees of the National Board of Medical Examiners for the purpose of measuring the achievement of medical students in the United States. These test committees are made up of senior faculty members from U.S. and Canadian medical schools. They include teachers, investigators and clinicians, all with recognized prominence in their respective fields.

A VQE test committee, also made up of prominent medical educators, has been appointed by the National Board of Medical Examiners to select the questions that will appear in the 1978 VQE.

PREPARATION FOR THE VQE

As has been the case with past ECFMG and National Board examinations, Visa Qualifying Examinations will not be made public.

The most appropriate preparation for the VQE is a general, thorough review of the subject. Applicants for the examination are urged to review recent editions of standard English-language textbooks in the basic and clinical science fields represented in the test.

Libraries of medical schools and hospitals may have such books. Persons or organizations wishing to purchase books should inquire at their local bookstore or write directly to the publishers. NBME or ECFMG cannot give any of these books to candidates or act as agent in procuring them.

Applicants who are not familiar with multiple-choice examinations may find it useful to review material that illustrates this type of examination. An excellent discussion of the principles and practice of multiple-choice examinations may be found in the book *Measuring Medical Education*, by John P. Hubbard, M.D., available directly from the publisher Lea and Febiger, Philadelphia, Pennsylvania.

Neither NBME nor ECFMG publishes, distributes or recommends medical review books. Books purporting to be compilations of old ECFMG or NBME examination questions are unauthorized and some that have come to the attention of these organizations contain many inaccuracies. Even if books of this sort were accurate, a substantive review of subject matter can be done much better by studying textbooks than by going over old test questions.

BASIC AND CLINICAL SCIENCES CONTENT OUTLINES

I. Basic Sciences

    A. Anatomy
        1. Gross anatomy
        2. Microscopic anatomy
        3. Development and control mechanisms
        4. Neuroanatomy

    B. Behavioral sciences
        1. Behavioral biology
        2. Individual behavior
        3. Interpersonal and group processes
        4. Culture and society

C. Biochemistry
  1. Energy metabolism: the metabolic sequences involved and their control
  2. Major metabolic pathways of small molecules, including sources of constituents and control mechanisms
  3. Structure, function, formation and destruction of major cell constituents
  4. Biochemistry of tissues and integrated aspects of metabolism: transport, storage regulation not covered in categories 1 through 3 (above)

D. Microbiology
  1. Structure and chemical composition
  2. Cell metabolism and regulation: antimicrobial agents
  3. Microbial and molecular genetics
  4. Immunology
  5. Virology
  6. Bacteriology of pathogens
  7. Medical mycology
  8. Medical parasitology

E. Pathology
  1. General pathology
    a. Cellular injury and response
    b. Inflammation; repair and regeneration
    c. Abnormal growth and development
    d. Processes of neoplasia
    e. Immunopathology
    f. Circulatory disorders
    g. Processes of infection and infectious diseases
  2. Pathology of syndromes and complex reactions
    a. Genetic syndromes and general metabolic diseases
    b. Nongenetic syndromes
  3. Systemic pathology
    a. Cardiovascular system
    b. Blood and lymphatic systems
    c. Respiratory system
    d. Alimentary system, liver, gallbladder, pancreas
    e. Endocrine system
    f. Kidney and urinary system
    g. Genital system and breast
    h. Nervous system
    i. Cutaneous, osseous and muscular systems; special senses; miscellaneous systems

F. Pharmacology
  1. General principles
  2. Central and peripheral (somatic) nervous system
  3. Autonomic nervous system
  4. Smooth muscle and glands
  5. Cardiovascular and respiratory systems
  6. Kidney, bladder, fluids and electrolytes
  7. Blood and blood-forming organs
  8. Gastrointestinal system

  9. Endocrine system
  10. Vitamins and vitamin analogs
  11. Chemotherapeutic agents (topical and systemic) Poisoning and therapy of intoxication

G. Physiology
  1. Fluid and electrolyte balance, renal mechanisms
  2. Cardiovascular physiology
  3. Metabolism
  4. Endocrinology and reproduction
  5. Gastrointestinal functions
  6. Respiratory and pulmonary functions
  7. General and cellular physiology
  8. Nervous system and special senses

II. Clinical Sciences

A. Medicine
  1. Infectious diseases and immunology
  2. Diseases of the digestive system (including liver and pancreas)
  3. Diseases of the respiratory system
  4. Diseases of the cardiovascular system
  5. Diseases of the blood
  6. Diseases of the kidneys; fluid and electrolytes
  7. Diseases of nutrition, metabolism, and endocrines
  8. Diseases of the musculoskeletal system
  9. Diseases of the nervous system
  10. Clinical pharmacology
  11. Diseases of the skin
  12. Legal medicine

B. Obstetrics and Gynecology
  1. Biology of reproduction
  2. Fetus, placenta, and newborn
  3. Primary care of the obstetric and gynecologic patient
  4. Clinical obstetrics - normal
  5. Clinical obstetrics - abnormal
  6. Clinical gynecology

C. Pediatrics
  1. Newborn
  2. Growth and development
  3. Nutrition, metabolic and genetic disorders
  4. Communicable diseases
  5. Systemic diseases, including neoplasms
  6. Therapeutics
  7. Accidents
  8. Legal medicine

D. Preventive Medicine and Public Health
  1. Biometry
  2. Epidemiology and its application to clinical disciplines, including primary care
  3. Disease control in individuals and groups
  4. Provision of health services in the U.S.A.

E. Psychiatry
  1. Personality, development and structure
  2. Social, community and family relationships
  3. Biological correlates
  4. Interview techniques
  5. Psychiatric syndromes; psychopathology
  6. Psychophysiological syndromes
  7. Treatment
  8. Prevention
  9. Methods of measurement and evaluation; biological methods
  10. Psychological aspects of physical illness
  11. Forensic psychiatry

F. Surgery
  1. Systemic categories
    a. Head and neck
    b. Cardiac and vascular surgery
    c. Thoracic surgery
    d. Breast and endocrines
    e. Abdomen
    f. Orthopedics including hand and foot surgery
    g. Neurologic surgery
    h. Urology
  2. General categories
    a. Surgical physiology, anesthesiology
    b. Wounds
    c. Neoplasms
    d. Forensic medicine

TYPES OF QUESTIONS

For the benefit of examinees who may not be familiar with the objective, multiple-choice form of test, the National Board of Medical Examiners has prepared samples of the more frequently used types of questions to be included in the VQE. Examinees will find considerable advantage in studying the instructions accompanying these samples and in becoming familiar with the various types of questions.

Some of the questions included in this booklet are drawn from material prepared by the basic science test committees, others from material prepared by the clinical science committees.

The purpose of these sample questions is to familiarize examinees with the types of questions and the techniques of the examination. It is not intended to illustrate the scope of the examination or the difficulty of individual questions.

In the examination, many items will appear under each set of instructions. Thus, once the examinee has the specific directions in mind, he or she then encounters a block of ten, twenty, or more items before meeting a new set of directions.

In these sample questions, as in the examination, there is always one and ONLY ONE *best* answer. At the same time it must be recognized that in the broad field of medicine contrasts may not be sharply defined as between black and white, but rather between varying shades of gray. In answering these questions, therefore, one should look for the best choice and not be misled by other choices that might be considered possible, but still less applicable, than the one considered correct. In each case the test committee has agreed that there is only one *best* answer; every effort has been made to eliminate "catch" questions. A sample answer sheet followed by an answer key will be found at the end of the group of questions.

SAMPLE QUESTIONS

DIRECTIONS: Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the one that is best in each case and fill in the circle containing the corresponding letter on the answer sheet.

1. Cutting the lateral funiculus of the spinal cord would result in
   (A) loss of voluntary motion in the muscles on the same side below the cut
   (B) loss of voluntary motion in the muscles on the same side above the cut
   (C) permanent loss of reflexes in the muscles on the same side below the cut
   (D) loss of touch and pressure sense on the same side below the cut
   (E) loss of all pain sense on the same side below the cut
2. The initial pathogenic process in puerperal infection is
   (A) pelvic thrombophlebitis
   (B) endometritis
   (C) perimetritis
   (D) pelvic peritonitis
   (E) salpingo-oophoritis
3. In airborne, first-infection tuberculosis, the primary focus is most commonly found in the
   (A) periphery of the lung
   (B) tonsil
   (C) apex of the lung
   (D) tracheobronchial lymph nodes
   (E) hilus of the lung
4. Patients with advanced pulmonary fibrosis and emphysema have increased
   (A) vital capacity
   (B) maximal breathing capacity
   (C) tidal volume
   (D) residual air
   (E) oxygen tension in the alveoli
5. A human infant (3 to 24 months) who is separated from his mother and a secure environment for a prolonged period is LEAST likely to show
   (A) apathy and withdrawal
   (B) compulsive interest in food
   (C) inability to give and receive affection

(E) retardation in skeletal growth
(D) speech difficulties

DIRECTIONS: The group of questions below consists of five lettered headings followed by a list of numbered phrases. For each numbered phrase select the one lettered heading that is most closely related to it and fill in the circle containing the corresponding letter on the answer sheet. Each lettered heading may be selected once, more than once, or not at all.

Questions 6-11

(A) Quinidine
(B) Theophylline
(C) Amyl nitrite
(D) Nitroglycerin
(E) Papaverine

6. Relaxes smooth muscle of the arterial system; causes a fall in the arterial pressure, commonly administered in tablets sublingually
7. An opium alkaloid; direct vasodilator action; used in instances of coronary occlusion and peripheral vascular disease
8. Commonly effective in relieving symptoms of bronchial asthma
9. For quick treatment of cyanide poisoning
10. Increases the contractile force of the heart and is diuretic
11. Commonly used in atrial fibrillation

DIRECTIONS: The set of lettered headings below is followed by a list of numbered words or phrases. For each numbered word or phrase fill in the circle on the answer sheet containing

A if the item is associated with (A) only,
B if the item is associated with (B) only,
C if the item is associated with both (A) and (B),
D if the item is associated with neither (A) nor (B).

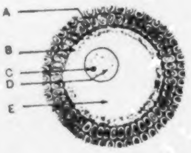
Questions 12-16

(A) Diabetic acidosis
(B) Insulin shock
(C) Both
(D) Neither

12. Elevated serum bicarbonate level
13. The duration of the condition(s) before proper treatment is begun may influence the prognosis
14. Deep breathing
15. Coma
16. Moist skin

DIRECTIONS: The group of questions below consists of a list of numbered descriptive phrases accompanied by a diagram with certain parts indicated by letters. For each numbered phrase select the lettered part on the diagram that matches it correctly, then fill in the circle containing the corresponding letter on the answer sheet.

Questions 17-20



17. Cytoplasm of the ovum
18. Nucleus of the ovum
19. Zona pellucida
20. Corona radiata

DIRECTIONS: This section of the test consists of a case history, followed by a series of questions. Study the history, select the best answer to each question following it, and fill in the circle containing the corresponding letter on the answer sheet.

Questions 21-24

For the past 10 days a 21-year-old man has had malaise, cough, and fever varying from 37.8C (100 F) to 38.3 C (100.9 F). On the fourth day of illness, the cough, previously mild and dry, became more severe and productive of scant amounts of white, viscid sputum. Three days later severe paroxysms of coughing began; these were sometimes followed by vomiting. Chilly sensations were noted, but no frank shaking chills occurred. Anterior parasternal pain on coughing has been present since the fifth day of illness.

On physical examination, the temperature is 38.3 C (100.9 F); the pulse rate 100 per minute; the respiratory rate 32 per minute; and the blood pressure 108/60 mm Hg. The patient is well developed and well nourished, appears acutely ill, and is dyspneic.

Over the chest the percussion note is normal; vocal fremitus and vocal resonance are within normal limits. In the left axilla, a few fine rales are heard and the bronchial quality of the sounds is increased, although the intensity is normal.

Blood findings are reported as follows; leukocyte count 3400 (neutrophils 30%, lymphocytes 62%, monocytes 5%, eosinophils 3%).

A roentgenogram of the chest shows an increase in the density of the perihilar markings with ill-defined areas of patchy, soft, increased radiodensity at both bases and in the left upper lung field.

21. The most likely diagnosis is
    (A) tuberculosis
    (B) pneumococcal pneumonia
    (C) pneumonia caused by *Mycoplasma pneumoniae*
    (D) coccidioidomycosis
    (E) bronchopneumonia

22. The most likely additional physical finding is
    - (A) splenomegaly
    - (B) signs of meningeal irritation
    - (C) a pleural friction rub
    - (D) frequent changes in distribution of chest findings
    - (E) signs of frank lobar consolidation

23. The laboratory finding consistent with the diagnosis is
    - (A) elevation and further increase of cold agglutinins
    - (B) a positive blood culture
    - (C) marked leukocytosis with the beginning of recovery
    - (D) a positive sputum culture
    - (E) a positive skin test

24. Which of the following is the probable outcome of this disease if the patient is not treated?
    - (A) The fever will subside spontaneously by crisis
    - (B) Recovery will be gradual, with possibility of a relapse
    - (C) Empyema
    - (D) Residual fibrosis will appear with healing
    - (E) Lung cavitation

DIRECTIONS: For each of the incomplete statements, ONE or MORE of the completions given is correct. On the answer sheet fill in the circle containing

A if only 1, 2, and 3 are correct,
B if only 1 and 3 are correct,
C if only 2 and 4 are correct,
D if only 4 is correct,
E if all are correct.

ON YOUR ANSWER SHEET FILL IN ONLY ONE CIRCLE FOR EACH QUESTION

A	B	C	D	E
1, 2, 3 only	1, 3 only	2, 4 only	4 only	All are correct

25. A current listing of the ten leading causes of death in the U.S.A. includes
    - (1) cancer
    - (2) diseases of the heart
    - (3) diabetes
    - (4) diphtheria

26. A child suffering from an acute exacerbation of rheumatic fever usually has
    - (1) an elevated erythrocyte sedimentation rate
    - (2) a prolonged P-R interval on the electrocardiogram
    - (3) an elevated antistreptolysin O titer
    - (4) subcutaneous nodules

27. Studies of socioeconomic class and mental illness have demonstrated that:
    - (1) Schizophrenia is more prevalent in lower classes
    - (2) Of those hospitalized for mental illness, a larger proportion come from a higher class
    - (3) An individual's social class may be a determinant of the type of treatment he receives for his mental illness
    - (4) The incidence of neurotic behavior is independent of class

28. Live virus is used in immunization against
    - (1) influenza
    - (2) the common cold
    - (3) cholera
    - (4) smallpox

29. Portal hypertension may be more than coincidentally associated with
    - (1) jaundice
    - (2) "spider" angiomas
    - (3) anemia
    - (4) an enlarged spleen

ANSWER CODE

In marking the answer sheet, one and *only* one circle should be filled in for each item. The answer key below indicates the correct answers to the sample questions that appear in this booklet.

1. A
2. B
3. A
4. D
5. B
6. D
7. E
8. B
9. C
10. B
11. A
12. D
13. C
14. A
15. C
16. B
17. E
18. D
19. B
20. A
21. C
22. D
23. A
24. B
25. A
26. B
27. B
28. D
29. B

SAMPLE ANSWER SHEET

1 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
2 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
3 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
4 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
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29 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ

TAKING THE VISA QUALIFYING EXAMINATION

1. Become familiar with the types of questions and answer sheet used on the examination. See pages 16-22.
2. Report to the examination center *with* the examination permit. If an applicant has not received the permit by 10 days before the examination, notify ECFMG at once.
3. Report to the center promptly at the time shown on the examination permit. No applicant will be permitted to enter the examination late, for any of the sessions.
4. An applicant is requested *not to bring* family and friends to the center on the day of the examination. ECFMG provides space only for the applicants and proctoring staff. The confusion caused by large numbers of extra people will delay the completion of the examination.
5. VQE consists of six sections; three on Day 1 and three on Day 2. All sections for which the applicant is registered must be completed.
6. An applicant is instructed to bring at least four regular soft-lead pencils that make a dark mark, a pencil sharpener, and a soft rubber eraser to the examination. *Ball point pens or other pens must not be used on any part of the examination.*

7. Applicants are not permitted to take books, papers, cameras, or tape recorders into the examination room.
8. When applicants have been admitted to the examination room and have been assigned a seat, they are not permitted to leave the room (or the seat) without permission.
9. Before each section of the examination begins, the proctor will read detailed instructions, *in English,* concerning the conduct of the examination. These instructions are also printed on the test booklet. *It is the responsibility of all applicants to follow these instructions exactly.*
10. Applicants may make any preliminary notes or calculations in the test booklet. However, notes must not be made anywhere except in the test booklet. Only one choice should be marked for each question. Double marks or no marks are treated as wrong answers.
11. Any applicants using or making notes (except in the test booklet) will be required to leave the examination room, and not be permitted to return.
12. An applicant's performance on the VQE is based on the total number of correct answers. There is no penalty for an incorrect answer. Therefore, an attempt should be made to answer all of the questions.
13. Before beginning each section of the test, applicants should note the number of questions and pace themselves accordingly. Applicants should keep moving through the test, making their best guess on questions for which they are not certain about the correct answers.
14. An applicant must be sure to sign each answer sheet. An unsigned answer sheet may not be scored.

PASSING PERFORMANCE

To pass VQE, a *"pass"* level of performance is required on (1) the total group of basic science questions and (2) the total group of clinical science questions. NO NUMERICAL SCORES WILL BE REPORTED AND NO SCORES WILL BE AVAILABLE FROM ECFMG OR NBME. Only complete sets of answer sheets will be scored. Applicants registered for the entire examination must submit answer sheets for all six sections. Those repeating Day 1 or Day 2 only, must submit answer sheets for all three sections of that day's examination. The sole purpose of the examination is to meet the science examination requirements for obtaining a visa by achieving a pass level of performance on both the basic and clinical science portions of the test.

The pass level of performance is linked to the performance of American medical students on these same questions. Therefore, it is NOT based on a curve of the number of questions answered correctly by VQE examinees.

Reporting of Results

Reports of pass/fail performance will be mailed to all examinees at the same time, about eight weeks after the date of the examination. Results cannot be obtained earlier, will be mailed only to the examinee and will not be reported by telephone.

Invalidation of Scores

The answer sheets of all examinees will be analyzed statistically, and if such analysis determines that an examinee's performance has not met standards of examination administration that insure it to be reasonably reflective of his or her knowledge of the material sampled, this shall be sufficient cause for NBME to invalidate the results or take other appropriate action.

In addition, irregularities associated with the examination such as the giving or receiving of unauthorized information as evidenced by observation and/or statistical analysis of answer sheets may be sufficient cause to invalidate the results of the examination for ALL EXAMINEES INVOLVED. During the examination, it is the examinees' responsibility to protect their answer sheets so that others cannot copy from them. Examinees must also not receive or give the appearance of receiving any information from another person during the examination.

Cheating

If examinees appear to be GIVING OR RECEIVING unauthorized information during the course of the examination, the proctor has the authority to change the examinees' location, to terminate the examination immediately for the individuals concerned, or to take other appropriate action.

ECFMG Certification Based on Passing VQE

Candidates who take and pass the Visa Qualifying Examination, and who have *completely documented the educational requirements prescribed for ECFMG certification* (see ECFMG *Information Booklet*) will be eligible for ECFMG certification based on VQE. Applicants who pass VQE and meet all of the other requirements for ECFMG certification will not be required to take the ECFMG examination to qualify for ECFMG certification.

ECFMG Certification Based on ECFMG Examination

An alien medical graduate who has met the necessary educational requirements may become eligible for ECFMG certification by passing the ECFMG examination. The semi-annual ECFMG examinations (and ECFMG English tests) will continue indefinitely as previously scheduled and announced. For additional information, please write ECFMG.

Handbook for Foreign Medical Graduates

Physicians in other countries who wish to learn more about graduate medical education, the health care systems, medical and hospital organizations and the general way of life in the United States may wish to refer to the *Handbook for Foreign Medical Graduates*, which is published by ECFMG. (It is not a book to assist applicants in preparing for the VQE.) Copies are sent to every medical school library and to libraries maintained in United States Embassies and Consulates. One complimentary copy will be sent (by surface mail) to each new applicant for the Visa Qualifying Examination who has not been previously registered for the ECFMG examination. In addition, single copies of the book may be secured from ECFMG, postage-free, for $3.00 in United States funds, paid in advance.

Hospital Appointments

Applicants should not sign a contract of employment or accept appointment in a hospital in the United States (including Puerto Rico) until they have received an ECFMG Certificate. For all foreign medical graduates ECFMG certification is required by accredited residency training programs and facilitates obtaining a license to practice medicine in most states in the United States.

Signing an **application** for a hospital appointment as a resident does not commit an applicant to accept the appointment if it is offered, unless that is clearly stated in the application. Signing a **contract** offered by a hospital, or **agreeing verbally** to accept an appointment **does** commit an applicant to the appointment, and once this has been done, it is binding upon both parties. It is highly unethical to break this agreement in order to accept another position which may be offered later, without receiving a prior release from the first hospital.

In applying for a hospital appointment, the following steps should be followed:

1. Obtain ECFMG certification.
2. Write to United States hospitals to request information about positions and to obtain application blanks for appointment. Information concerning graduate medical education programs in hospitals in the United States (including Puerto Rico) can be found in the Directory of Accredited Residencies that is published annually by, and may be obtained by mail from the Liaison Committee on Graduate Medical Education, 535 North Dearborn Street, Chicago, Illinois 60610. ECFMG cannot give advice as to which program one should select, nor can it serve as an employment agency in helping to obtain a hospital appointment. Furthermore, ECFMG cannot be a party to negotiations about salaries, fringe benefits, living quarters, or other specific arrangements. It is often helpful to obtain advice concerning specific hospitals or training programs from fellow-countrymen who are now or who have been in the United States.
3. In applying for hospital appointment, an applicant should **send the hospital a photocopy** of the letter or certificate received from ECFMG. A photocopy of a letter showing that an applicant has

passed the examination but has not completed the documentation of medical credentials may be used in preliminary negotiations with a hospital, but **actual appointment requires submission of a photocopy of the ECFMG Certificate**.

It is an applicant's responsibility to supply such photocopies. ECFMG does not supply photocopies of "result letters" showing an applicant has passed the examination, or ECFMG certificates for application or appointment to a hospital.

4. If documentation of medical credentials is not complete at the time of passing VQE, an applicant should allow a period of at least eight weeks between the date expected to receive the diploma or certificate prescribed in the section "Documentation of Medical Credentials", in the ECFMG *Information Booklet*, and the starting date of the program for which application was made.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

Almost all of the graduates of United States and Canadian medical schools obtain appointments to accredited graduate medical education programs in United States hospitals through the National Intern and Resident Matching Program (NIRMP). Foreign medical graduates are not required to participate in this program, but are permitted to do so if they are expected to receive an ECFMG certificate not later than the starting date of the graduate training program for which they are applying.

The matching usually is carried out in March, for programs that start about July 1. Many United States hospitals look to the National Intern and Resident Matching Program for all of their trainees, and do not appoint anyone who does not participate in the program.

The NIRMP is only a central clearing agency. There is no guarantee that applicants will be matched with any of their choices, since the number of applicants has increased and the number of available positions has decreased.

Applicants wishing to register with the NIRMP can obtain additional information and the official Agreement form by writing to:

Executive Secretary
National Intern and Resident Matching Program
1603 Orrington Avenue
Evanston, Illinois 60201, U.S.A.

Sponsorship for Exchange Vistor Program

If alien physicians qualify for an Exchange Visitor Visa under the Immigration and Nationality Act, hold ECFMG certification, and have a valid contract for an accredited residency training position, they may be eligible for Exchange Vistor Sponsorship by ECFMG under a program authorized by the United States Department of State. Such sponsorship does not provide financial support. Since it is the responsibility of the hospital to submit the necessary sponsorship papers to ECFMG on applicants' behalf, inquiries concerning sponsorship and other related matters should be directed to the hospital which issued the contract.

VISA QUALIFYING EXAMINATION CENTERS AND CODE NUMBERS

U.S. CENTERS

CALIFORNIA, Los Angeles	320
ILLINOIS, Chicago	360
LOUISIANA, New Orleans	178
NEW YORK, New York City	330
TEXAS, El Paso	199

CANADIAN CENTERS

BRITISH COLUMBIA, Vancouver	268
ONTARIO, Toronto	266

OTHER CENTERS

LATIN AMERICA

ARGENTINA, Buenos Aires	501
BRAZIL, Rio de Janeiro	503
CHILE, Santiago	504
MEXICO, Mexico, D.F.	509
PERU, Lima	513
VENEZUELA, Caracas	515

EUROPE

FRANCE, Paris	804
GERMANY, Frankfurt	806
GREECE, Athens	808
ICELAND, Reykjavik	809
UNITED KINGDOM, London	803

AFRICA

GHANA, Accra	903
KENYA, Nairobi	904
SOUTH AFRICA, Johannesburg	405

NEAR AND MIDDLE EAST

*IRAN, Tehran	702
ISRAEL, Tel Aviv	703
JORDAN, Amman	717

FAR EAST

JAPAN, Tokyo	606
KOREA, Seoul	607
PHILIPPINES, Manila	608
TAIWAN, Taipei	609

OCEANIA

AUSTRALIA, Sydney	414

*This center is available only to residents of Iran.

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DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

APPLICATION FOR THE 1978 VISA QUALIFYING EXAMINATION (VQE)

Pd. $ ________

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DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

OFFERED BY THE NATIONAL BOARD OF MEDICAL EXAMINERS
IN COOPERATION WITH
THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES
3624 MARKET ST., PHILADELPHIA, PA. 19104, U.S.A.

NOTE: All items in Parts A & B must be filled out completely or application will be rejected

USE TYPEWRITER OR BLOCK PRINT IN INK

PART A

FOR OFFICE USE ONLY
Yes No
CP ________
Yes No
R ________

① HAVE YOU EVER APPLIED TO ECFMG FOR EXAMINATION? YES ☐ NO ☐

IF SO, ENTER YOUR ECFMG NUMBER HERE ☐

HAVE YOU EVER TAKEN AN EXAMINATION (ECFMG OR VQE)? YES ☐ NO ☐

If the above question ① is not answered, or answered incorrectly, the application will be invalidated.

② **FULL NAME** Spell out all portions of your name completely, even if you customarily use only initials for part of the name. Underline surname, e.g., John James Jones.

③ **ADDRESS** Enter street address, city, and country. Include Zip Code if in U.S.A.

Leave a blank square after each word in your address

STREET ADDRESS

CITY & COUNTRY

④ **MAIDEN NAME** (To be filled out only by married women)

Full name before marriage ________

⑤ **EXAMINATION CENTER YOU ARE APPLYING FOR** (Refer ONLY to the enclosed list)

City ________ Center Number ________

FOR OFFICE USE ONLY
E ________
R S L H
I ________
P ________

⑥ **DATE OF MOST RECENT ECFMG ENGLISH TEST YOU HAVE TAKEN OR PLAN TO TAKE** (Check one)

☐ July 1976 ☐ Jan. 1977 ☐ May 1977 ☐ July 1977 ☐ Jan. 1978 ☐ April 1978

⑦ **DATE OF TOEFL EXAMINATION WHICH ECFMG ACCEPTED AS AN ALTERNATIVE TO AN ECFMG ENGLISH TEST** ________

CONTINUE PART B ON REVERSE SIDE, INCLUDING NOTARIZED SIGNATURE, WHICH MUST BE COMPLETED BY ALL APPLICANTS

Copyright ECFMG 1977. All Rights Reserved.

PART B

⑧

CERTIFICATION

I hereby certify that the information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I understand that (1) falsification of this application, or (2) the submission of any falsified documents to the Educational Commission for Foreign Medical Graduates (ECFMG), or (3) the submission of any falsified VQE documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced by observation at the time of the examination may be sufficient cause for ECFMG to bar me from the examination, or to take other appropriate action.

I further understand that the answer sheets of all examinees will be analyzed statistically, and if such determination that my performance has not met standards of examination administration that insure it to be reasonably reflective of my knowledge of the material sampled, this shall be sufficient cause for the National Board of Medical Examiners (NBME) to invalidate the results of my examination or to take other appropriate action.

I hereby authorize the NBME or the ECFMG to transmit any information contained in this application, the scores I earn in this examination, or information that may otherwise become available to NBME or ECFMG, to any Federal, State or local governmental department or agency, to any hospital, or to any other organization or individual who, in the judgment of NBME or ECFMG, has a legitimate interest in such information.

ATTACH ONE
PHOTOGRAPH
HERE

Two additional
similar photographs
must accompany this
application

Seal, stamp or
signature of official
must cover a portion
of the attached
photograph.

→ APPLICANT MUST SIGN HIS FULL NAME IN LATIN CHARACTERS on the first line, below but ONLY IN THE PRESENCE of a Notary Public, the Dean, Vice-Dean, or Registrar Only of a medical school, First Class Magistrate, or a Consular Official, who must complete the last two lines of the affidavit. THE NOTARIAL SEAL OR THE STAMP OF THE MEDICAL SCHOOL OR CONSULATE MUST COVER A PORTION OF THE ATTACHED PHOTOGRAPH. ←

SIGNATURE OF APPLICANT (in Latin characters) X ______________________

Subscribed and sworn to (or affirmed) before me this ______ day of ______________, 19 ______

______________________ Official Title ______________________

X ______________________

Signature of Notary Public, the Dean, or Registrar Only of a medical school, First Class Magistrate, or Consular Official

(If Dean, Vice-Dean or Registrar of Medical School, please give name of institution)

⑨ **MEDICAL DEGREE**

TITLE OF DEGREE ______________________ (M.D., M.B., B.S., or other) DATE CONFERRED ____________, 19 ____

⑩ **MEDICAL LICENSURE** (Present or Future)

Date you received (or expect to) receive an unrestricted license to practice medicine (certificate of full registration) MONTH ____________ YEAR ____________

⑪ **MEDICAL SCHOOL** (Proper Name)

School(s) Attended	Location	Dates Attended	No. School Years

⑫ **DATE OF BIRTH**

Day ____________ Month ____________ Year ____________

⑬ **PLACE OF BIRTH** (City, State or Province, Country)

____

⑭ **CITIZENSHIP**

A. At Birth	USA ☐	OTHER ☐ (Specify) ____________
B. Upon Entering Medical School	USA ☐	OTHER ☐ (Specify) ____________
C. Now	USA ☐	OTHER ☐ (Specify) ____________

Form 801
Dec. 1977

Educational Commission for
Foreign Medical Graduates
3624 Market Street
Philadelphia, Pennsylvania 19104, U.S.A.

DO NOT WRITE ABOVE THIS LINE VIA AIR MAIL

MAIL TO: ____________________

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NOTICE OF RECEIPT OF APPLICATION*
VISA QUALIFYING EXAMINATION (VQE)

Please block print your name and address, including the country, on the reverse side of this card and send it to ECFMG *in the same envelope* with your application form. If it is not received with the application, it *cannot be completed and mailed to you.* If you have an ECFMG number enter that number below.

If you have not submitted the required payment with your application, please be sure that it is received at ECFMG not later than 10 weeks before the date of the examination. *Make the required payment without waiting for a Statement.*

Your application was received on the date shown below:*

Date:

ECFMG No. ______________

This is your *permanent* applicant number. *Always* enter this number on all communications to ECFMG and on all payments.

*** Notice of receipt of application by ECFMG does NOT guarantee admission to the examination.**

Form 802, Dec., 1977

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET PHILADELPHIA, PENNSYLVANIA 19104, U.S.A. PHONE 215 386-5900 CABLE EDCOUNCIL PHILADELPHIA

SPECIAL ADMINISTRATION OF ECFMG ENGLISH TEST

Visa Qualifying Examination

Several of the 1976 and 1977 amendments to the Immigration and Nationality Act established new requirements for the admission of alien physicians to the United States to perform medical services, or to receive graduate medical education or training. The provisions of these amendments, which affect the entry of alien graduates of foreign medical schools, require them to pass the National Board of Medical Examiners Part I and Part II examinations (or an equivalent examination as determined by the Secretary of Health, Education, and Welfare) and to be competent in oral and written English.

By policy of the National Board of Medical Examiners (NBME), graduates of medical schools that are located outside the United States and Canada are not eligible to take the NBME Part I and Part II examinations, although a limited number of students who apply for transfer into United States medical schools are admitted to Part I examinations for evaluation.

The Secretary of Health, Education, and Welfare has determined that a special two-day examination, which was developed and offered by the National Board of Medical Examiners, and composed of approximately equal proportions of basic science and clinical science test items in their customary multiple-choice format, is equivalent to the National Board Part I and Part II examinations for the purpose of the new law. Since it is necessary for most alien physicians to pass the special two-day examination as one of the requirements to obtain a visa to enter the United States, the examination has become known as the Visa Qualifying Examination (VQE).

The National Board of Medical Examiners and the Educational Commission for Foreign Medical Graduates (ECFMG) are cooperating in the administration of the VQE. We expect to administer the second annual Visa Qualifying Examination at a limited number of examination centers throughout the world on September 6-7, 1978. The 1978 VQE Information Booklet and application form will be available by January 1978 from the office of ECFMG and, also, at United States consular and diplomatic posts. The deadline for receipt of applications to take the September 1978 VQE will be May 17, 1978.

ECFMG does not have the authority to determine whether or not alien physicians are required to take the VQE. Such decisions must be made by officials in the visa sections of United States consular or diplomatic posts abroad, or at district offices of the Immigration and Naturalization Service in the United States.

Importantly, for all foreign medical graduates, ECFMG certification is required by accredited residency training programs and facilitates obtaining a license to practice medicine in most states in the United States. If you require additional information about ECFMG certification, please write ECFMG.

English Language Requirement

In order to be eligible for admission to the Visa Qualifying Examination, candidates must meet the English language requirement no more than two years prior to the deadline for receipt of applications for the VQE.

For the September 6-7, 1978 VQE, a candidate must have passed an ECFMG English test, or demonstrated performance acceptable to ECFMG on Test of English as a Foreign Language (TOEFL), not earlier than May 17, 1976 and no later than May 17, 1978. ECFMG does not expect to administer an English test with the 1978 VQE.

Special Administration of ECFMG English Test

ECFMG English tests are given regularly in January and July of each year. In addition, on April 5, 1978, ECFMG will hold a special administration of the ECFMG English test. The deadline for receipt of applications for this English test is February 8, 1978.

Candidates who have not previously qualified in English can satisfy the English language prerequisite for admission to the September 1978 VQE by passing the January or April 1978 ECFMG English test, or demonstrating performance satisfactory to ECFMG on a Test of English as a Foreign Language (TOEFL) taken no later than February 1978. Importantly, score reports of applicants who take the April 1978 TOEFL will not be available early enough for ECFMG to evaluate them to meet the May 17, 1978 deadline for receipt of applications for the September 1978 VQE. For additional information about ECFMG English tests, please write ECFMG.

If you wish to submit an application to take the special administration of the ECFMG English test on April 5, 1978, please follow the instructions below:

1. Parts A and B of the enclosed Form 807 must be filled out completely. Please submit one additional photograph, about 3 x 2½ inches (about 7.5 x 6.0 cm). The completed application form and the Form 808 must be received at ECFMG not later than February 8, 1978. If the application is received after February 8, 1978 it will be processed if possible. However, it may not be possible to handle all late applications.

   Be sure to indicate your complete current address on Form 807 and 808. If you expect to change your address, please accompany your application with a letter giving the new address and the date when it will become effective.

2. The charge for the April 5, 1978 special administration of the ECFMG English Test is $25. This charge is non-refundable, even if you do not appear for the test. If you were registered for the 1977 VQE but have not cleared your entire VQE balance, you must clear that balance or you will not be registered for the April 5, 1978 special administration of the ECFMG English test. Payment should accompany the application form.

3. We expect to offer the special administration of the ECFMG English test in the centers on the attached list. However, the test will be held only in those centers where a sufficient number of candidates apply and are registered to take the test. Therefore, you are requested to list, in order of preference, three centers where you wish to take this test. ECFMG will attempt to register you in accordance with your instructions. If you do not specify three choices or if you request a center that is not available, ECFMG reserves the right to assign you to a test center, unless you specifically request ECFMG not to do so.

   PLEASE NOTE: Requests for change of center will not be honored.

4. An examination permit showing the complete address of the examination center, and the time you are to report for the test, will be mailed about three weeks before the test date to notify you that you have been registered to take the April 5, 1978 special administration of the ECFMG English test.

5. The results of your performance on the special administration of the ECFMG English test will be mailed about 4 weeks after the test date.

   If you do not pass the April 5, 1978 English test, and have not otherwise met the English language prerequisite for VQE, you will not be eligible for admission to the 1978 VQE. However, with your result letter, you will receive instructions regarding application for a future English test.

Ray L. Casterline, M.D.
Executive Director

77-44
Nov. '77

ECFMG EXAMINATION CENTERS AND CODE NUMBERS
FOR ECFMG ENGLISH TEST APRIL 5, 1978 (SEE NOTE)

U. S. CENTERS

CALIFORNIA, Los Angeles	320
San Francisco	108
COLORADO, Denver	113
CONNECTICUT, New Haven	191
DISTRICT OF COLUMBIA, Washington	350
FLORIDA, Gainesville	194
Miami	140
GEORGIA, Atlanta	121
HAWAII, Honolulu	195
ILLINOIS, Chicago	360
KANSAS, Kansas City	134
KENTUCKY, Louisville	138
LOUISIANA, New Orleans	176
MARYLAND, Baltimore	300
MASSACHUSETTS, Boston	310
MICHIGAN, Ann Arbor	145
MINNESOTA, Minneapolis	146
MISSOURI, St. Louis	340
NEBRASKA, Omaha	149
NEW JERSEY, Newark	170
NEW YORK, Albany	102
Buffalo	107
New York City	330
Syracuse	171
NORTH CAROLINA, Durham	119
OHIO, Cincinnati	112
Cleveland	186
OKLAHOMA, Oklahoma City	157
PENNSYLVANIA, Philadelphia	159
Pittsburgh	162
TENNESSEE, Nashville	178
TEXAS, Dallas	168
El Paso	199
Houston	104
VIRGINIA, Richmond	182
WASHINGTON, Seattle	183
WISCONSIN, Milwaukee	141
PUERTO RICO, San Juan	262
GUAM	264

CANADIAN CENTERS

ALBERTA, Edmonton	267
BRITISH COLUMBIA, Vancouver	268
MANITOBA, Winnipeg	255
NEWFOUNDLAND, St. John's	265
ONTARIO, Toronto	258
QUEBEC, Montreal	256
SASKATCHEWAN, Saskatoon	266

OTHER CENTERS

LATIN AMERICA

ARGENTINA, Buenos Aires	501
BARBADOS, Bridgetown	537
BOLIVIA, La Paz	525
BRAZIL, Belo Horizonte	544
Brasilia	526
Curitiba	534
Porto Alegre	522
Recife	519
Rio de Janeiro	503
Sao Paulo	536
CHILE, Santiago	504
COLOMBIA, Barranquilla	538
Bogota	528
Cali	505
Medellin	539
COSTA RICA, San Jose	517
DOMINICAN REPUBLIC, Santo Domingo	518
ECUADOR, Quito	507
EL SALVADOR, San Salvador	514
GUATEMALA, Guatemala City	520
GUYANA, Georgetown	533
HAITI, Port-au-Prince	508
HONDURAS, Tegucigalpa	532
JAMAICA, Kingston	530
MEXICO, Guadalajara	524
Mexico, D.F	509
Monterrey	531
San Luis Potosi	541
NETHERLANDS ANTILLES, Curacao	523
NICARAGUA, Managua	511
PANAMA, Panama City	512
PARAGUAY, Asuncion	516
PERU, Lima	513
SURINAM, Paramaribo	548
TRINIDAD, Port-of-Spain	521
URUGUAY, Montevideo	529
VENEZUELA, Caracas	515
Maracaibo	547

EUROPE

AUSTRIA, Vienna	801
BELGIUM, Brussels	802
CZECHOSLOVAKIA, Prague	827
DENMARK, Copenhagen	817
FINLAND, Helsinki	821
FRANCE, Paris	804
GERMANY, Berlin	818
Bonn	805
Frankfurt	806
Hamburg	825
Munich	807
GREECE, Athens	808
HUNGARY, Budapest*	829
ICELAND, Reykjavik	809
IRELAND, Dublin	816
ITALY, Bologna	823
Rome	810
MALTA, Guardamangia	832
NETHERLANDS, Amsterdam	811
POLAND, Warsaw	822
PORTUGAL, Lisbon	812
ROMANIA, Bucharest	828
SPAIN, Barcelona	826
Madrid	814
SWEDEN, Stockholm	833
SWITZERLAND, Bern	813
Geneva	820
UNITED KINGDOM, Edinburgh	819
Liverpool	831
London	803
YUGOSLAVIA, Belgrade	815

NEAR AND MIDDLE EAST

AFGHANISTAN, Kabul*	619
CYPRUS, Nicosia	701
IRAN, Isfahan*	716
Shiraz*	712
Tabriz*	718
Tehran*	702
ISRAEL, Tel Aviv	703
JORDAN, Amman	717
LEBANON, Beirut	704
PAKISTAN, Karachi	706
Lahore	707
SAUDI ARABIA, Dhahran*	714
Jidda*	715
TURKEY, Ankara	709
Istanbul	710

AFRICA

GHANA, Accra	903
IVORY COAST, Abidjan	941
KENYA, Nairobi	904
LIBERIA, Monrovia	931
MALAWI, Lilongwe	918
NIGERIA, Ibadan	938
Lagos	910
SENEGAL, Dakar	902
SOUTH AFRICA, Cape Town	411
Durban	428
Johannesburg	405
Pretoria	440
SUDAN, Khartoum	919
TANZANIA, Dar es Salaam	912
ZAIRE, Kinshasa	908
ZAMBIA, Lusaka	923

FAR EAST

HONG KONG*	601
INDONESIA, Jakarta	618
Medan	624
JAPAN, Okinawa	622
Tokyo	606
KOREA, Seoul	607
MALAYSIA, Kuala Lumpur*	623
PHILIPPINES, Cebu City	615
Manila	608
TAIWAN, Taipei	609
THAILAND, Bangkok*	610
Chiang Mai*	617

OCEANIA

AUSTRALIA, Adelaide	420
Brisbane	417
Canberra	407
Hobart	430
Melbourne	413
Perth	409
Sydney	414
NEW ZEALAND. Auckland	427
Dunedin	429
Wellington	406
PAPUA NEW GUINEA, Port Moresby	937

*These centers are available only to residents of the country concerned.

NOTE: This ECFMG English Test will be held only in those centers where a sufficient number of candidates apply and are registered for this test.

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DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

EDUCATIONAL COMMISSION
FOR
FOREIGN MEDICAL GRADUATES
3624 MARKET ST., PHILADELPHIA, PA. 19104, U.S.A.

PD. $ ________
____

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

APPLICATION FOR APRIL 5, 1978 SPECIAL ADMINISTRATION OF THE ECFMG ENGLISH TEST

PART A

FOR OFFICE USE ONLY
YES NO
CP ____
YES NO
R ____

① **HAVE YOU EVER APPLIED TO TAKE AN ECFMG EXAMINATION?** YES ☐ NO ☐

IF SO, ENTER YOUR ECFMG NUMBER HERE ☐

HAVE YOU EVER TAKEN AN ECFMG EXAMINATION? YES ☐ NO ☐

If the above question ① is not answered, or answered incorrectly, the application will be invalidated.

② **IF YOU HAVE A UNITED STATES SOCIAL SECURITY NUMBER ENTER THE NUMBER IN THIS BOX** ☐

③ **FULL NAME** Spell out all portions of your name completely, even if you customarily use only initials for part of the name. Underline surname, e.g. John James George Jones

④ **NAME AND ADDRESS** Enter name, street address, city, and country. Include Zip Code if in U.S.A.

Leave a blank square after each word in your name and address

Name
Street Address
City and Country

⑤ **MAIDEN NAME** (To be filled out only by married women)

Full name before marriage ________

⑥ **EXAMINATION CENTERS: (SELECT THREE)**

1st Choice: City ________ Center Number ________
2nd Choice: City ________ Center Number ________
3rd Choice: City ________ Center Number ________

(NOTE: The April 5, 1978 ECFMG English Test will be given only in those centers shown on the attached list where a sufficient number of candidates apply and are registered to take the test.)

FOR OFFICE USE ONLY
E ________
$ L H
I ________
P ________

⑦ **SIGNATURE** Sign your full name in Latin characters ________

Form 807, November, 1977

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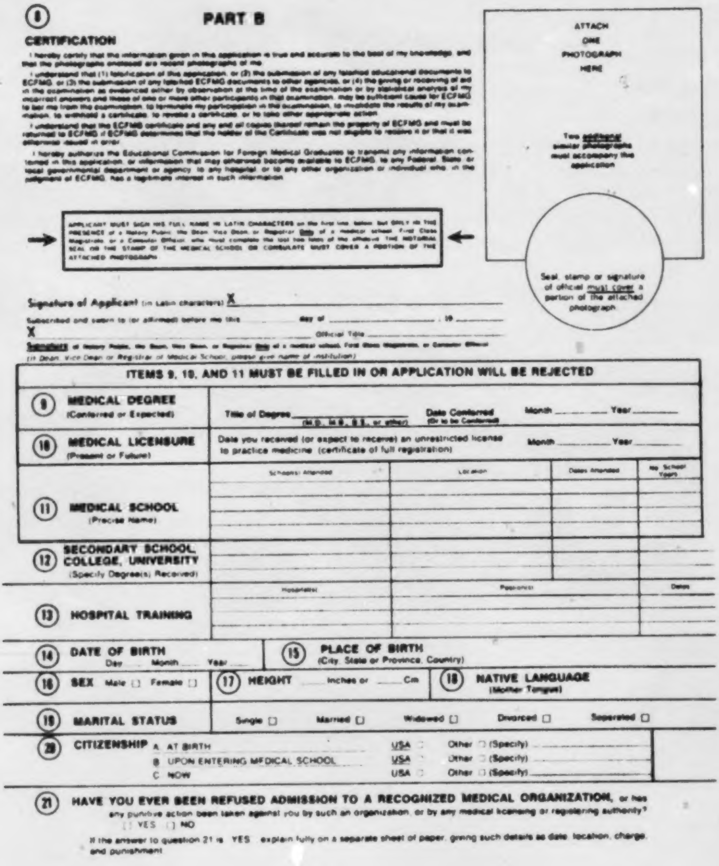

⑧

PART B

CERTIFICATION

I hereby certify that the information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I understand that (1) falsification of this application, or (2) the submission of any falsified educational documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my incorrect answers and those of one or more other participants in that examination, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action.

I understand that the ECFMG certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I hereby authorize the Educational Commission for Foreign Medical Graduates to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any Federal, State, or local governmental department or agency, to any hospital, or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

ATTACH
ONE
PHOTOGRAPH
HERE

Two additional
similar photographs
must accompany this
application

→ APPLICANT MUST SIGN HIS FULL NAME IN LATIN CHARACTERS on the first line below, but ONLY IN THE PRESENCE of a Notary Public, the Dean, Vice Dean, or Registrar Only of a medical school, First Class Magistrate, or a Consular Official, who must complete the last two lines of the affidavit. THE NOTARIAL SEAL OR THE STAMP OF THE MEDICAL SCHOOL OR CONSULATE MUST COVER A PORTION OF THE ATTACHED PHOTOGRAPH. ←

Seal, stamp or signature
of official must cover a
portion of the attached
photograph

Signature of Applicant (in Latin characters) X ______________________________

Subscribed and sworn to (or affirmed) before me this ________ day of ____________________, 19 ______

X ______________________________ Official Title ______________________________

Signature of Notary Public, the Dean, Vice Dean, or Registrar Only of a medical school, First Class Magistrate, or Consular Official

(If Dean, Vice Dean or Registrar of Medical School, please give name of institution)

ITEMS 9, 10, AND 11 MUST BE FILLED IN OR APPLICATION WILL BE REJECTED

⑨ **MEDICAL DEGREE** (Conferred or Expected) — Title of Degree ____________________ (M.D., M.B., B.S., or other) **Date Conferred** (Or to be Conferred) Month ________ Year ________

⑩ **MEDICAL LICENSURE** (Present or Future) — Date you received (or expect to receive) an unrestricted license to practice medicine (certificate of full registration) Month ________ Year ________

⑪ **MEDICAL SCHOOL** (Precise Name)

Schools Attended	Location	Dates Attended	No. School Years

⑫ **SECONDARY SCHOOL, COLLEGE, UNIVERSITY** (Specify Degree(s) Received)

⑬ **HOSPITAL TRAINING**

Hospital(s)	Position(s)	Dates

⑭ **DATE OF BIRTH** Day ____ Month ____ Year ____

⑮ **PLACE OF BIRTH** (City, State or Province, Country)

⑯ **SEX** Male ☐ Female ☐

⑰ **HEIGHT** ______ Inches or ______ Cm

⑱ **NATIVE LANGUAGE** (Mother Tongue)

⑲ **MARITAL STATUS** Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐

⑳ **CITIZENSHIP**
A. AT BIRTH ____________ USA ☐ Other ☐ (Specify) ____________
B. UPON ENTERING MEDICAL SCHOOL ____________ USA ☐ Other ☐ (Specify) ____________
C. NOW USA ☐ Other ☐ (Specify) ____________

㉑ **HAVE YOU EVER BEEN REFUSED ADMISSION TO A RECOGNIZED MEDICAL ORGANIZATION,** or has any punitive action been taken against you by such an organization, or by any medical licensing or registering authority?

☐ YES ☐ NO

If the answer to question 21 is "YES" explain fully on a separate sheet of paper, giving such details as date, location, charge, and punishment.

Educational Commission for
Foreign Medical Graduates
3624 Market Street
Philadelphia, Pennsylvania 19104, U.S.A.

DO NOT WRITE ABOVE THIS LINE **VIA AIR MAIL**

MAIL TO: ____________________

NOTICE OF RECEIPT OF APPLICATION FOR SPECIAL ADMINISTRATION OF THE ECFMG ENGLISH TEST*

Please block print your name and address, including the country, on the reverse side of this card and send it to ECFMG *in the same envelope* with your application form. If it is not received with the application, it *cannot be completed and mailed to you.* If you have an ECFMG number enter that number below.

Your application was received on the date shown below:*

Date:

ECFMG No.________________

This is your *permanent* number. *Always* enter this number on all communications to ECFMG and on all payments.

***Notification of receipt of application by ECFMG does NOT guarantee admission to the examination**

Form 808, November, 1977

REQUEST FOR ADDITIONAL COPIES

DATE: ______________________________

TO: Educational Commission for Foreign Medical Graduates

3624 Market Street

Philadelphia, Pennsylvania 19104, U.S.A.

PLEASE SEND ______ ADDITIONAL COPIES OF INFORMATION ABOUT THE APRIL 5, 1978 SPECIAL ADMINISTRATION OF THE ECFMG ENGLISH TEST.

TO: ____

____

____

____

PLEASE INCLUDE POSTAL CODE WHERE APPLICABLE.

FORM 809
November, 1977